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THE NEEDS AND RESOURCES

for Community-supported Welfare,

Health and Recreation Services

in Metropolitan Toronto

A Community Self-Study



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Ont. Royal Commission on the
municipality of Metro Toronto
[Submissions]

A STUDY OF THE NEEDS AND RESOURCES
for
COMMUNITY SUPPORTED WELFARE, HEALTH
AND RECREATION SERVICES
in
METROPOLITAN TORONTO

-
A Community Self-Study

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A Study of
THE NEEDS AND RESOURCES

*for Community-supported Welfare,
Health and Recreation Services
in Metropolitan Toronto*

A Community Self-Study

(c) SOCIAL PLANNING COUNCIL OF METROPOLITAN TORONTO 1963

Printed in Canada

FOREWORD

The Needs and Resources Study of Metropolitan Toronto is a document unique in Canada - and possibly in North America - as a source of extensive information on the history, scope and organization of one community's welfare services. Both volunteers and professional workers in the welfare field, whether or not they live in the Toronto area, will appreciate its importance and its value to those who are concerned about community planning.

The Study is descriptive and explanatory; it is critical but not destructive. The primary focus throughout is on enabling the individual to get the help he needs in a way that respects the traditions and convictions both of the person served and of those offering service. Needs, met and unmet, are analysed, and one of the most striking features of the report is the revelation of the range of present services and of the increasing demand for them in Metropolitan Toronto. On the basis of this demand, the probable extent of needs over the next five years is estimated. Comments are made on the kind, amount and location of services required to meet these needs (taking into account both present and future resources) insofar as such projections are possible in a dynamic and changing community.

The partnership of volunteers and professional workers and the relationship between government and private agencies are discussed in the report, as is the concept that social services should be related to the geographical features of a community. Special attention is given to financing, duplication of services, and the need for closer collaboration among all agencies. Specific suggestions are made on how better integration of the total services can be attained while still providing the necessary specialized services.

A key point in the Study is the discussion of the Social Planning Council of Metropolitan Toronto. To many people, the purpose and activities of the Council have been a mystery. The report explores its aims and functions so that the Council's strength and its value to the welfare program become apparent.

Finally, and perhaps most important of all, throughout the Study, the direct bearing that the growth and changing

character of Metropolitan Toronto have on future welfare services emerges clearly. What is the implication of this fact?

It means that the authorities responsible for the physical development of the community must take into account both its social needs and the social results of their actions. At present, unfortunately, this is not fully recognized in Toronto. We have accepted the need for long-range planning in such matters as subdivisions, community zoning and re-zoning; roads, water, sewers and schools are provided in accordance with formalized plans. But social planning groups have not been sufficiently involved in developing these plans.

For example, when new subdivisions or changes in land use are proposed, the cost to the municipality of the schools and of the material municipal services (roads, etc.) that will be necessary is carefully calculated. But no comparable attempt is made to calculate the overall cost of the welfare services that will be needed. Such matters as the accessibility of new subdivisions to existing services (e.g. specialized clinics which are unlikely to be established in the new localities) are not considered.

We have already accepted the practice of using the skills of experienced social workers in making surveys of slum properties and deteriorating communities, surveys on which planning for physical redevelopment or new development is often based. Surely we should use these skills and this experience at the planning stage also, to help in determining, for example, the validity of proposals for dwellings and ground space, the variety and type of accommodation required to meet the needs of the people concerned, and what ancillary community facilities should be assured before the houses are built and occupied.

This is but one of the many matters worth pondering that arise from the Study. Welfare services in Metropolitan Toronto should be the concern of every citizen. They are costly, and they can only be provided efficiently, and economically if they are wisely planned and administered. Moreover, they do not necessarily benefit only the poor; they serve some purpose for every resident. They affect us either directly through youth-serving agencies, family counselling etc., that anyone may need at some time, or indirectly by helping to create a healthier, happier community in which to live. The Needs and Resources Study is therefore essential reading not only for board members and staff of private agencies, for government officials and elected represen-

tatives, but for everyone who wishes information on the welfare services in this community and would like to do something about them.

November, 1963

M. WALLACE McCUTCHEON



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METROPOLITAN TORONTO

-

A Community Self-Study

I N T R O D U C T I O N

The "Study of the Needs and Resources for community-supported welfare, health and recreation services in Metropolitan Toronto" was initiated by the Social Planning Council because welfare services were not keeping up to the needs of the rapidly expanding community. The problem could not be identified simply as failure to raise sufficient funds for the voluntary agencies, the growing reliance on governmental finances, or the lack of qualified staff. Under the tensions and pressure of accelerated growth there was the feeling that the complexity of the metropolitan urban community demands different patterns of organization, and a change in the deployment of resources.

FORMULATION

In preparation for the Study, exploratory discussions were held with individuals and groups in Metropolitan Toronto over a period of six months. As a basis for investigation, it was assumed that the welfare, health and recreation needs of the individual, the family and the community are inter-related. It follows that problems of delinquency and opportunities for employment are related through individuals and families. However, this is not necessarily reflected in the way services are provided to remedy the problems. Unfortunately, the inter-relationship has been obscured by the specialization of services and the piece-meal expansion of programs.

The Study was organized on a comprehensive basis. The complementary nature of needs was recognized, and it was assumed that greater co-ordination of services would provide methods of dealing more effectively with these problems. This meant, at the outset, that if the results of the Study were to be valid and useful, both governmental and voluntary agencies must work together during the deliberations.

The decision to conduct the Study was, in itself, recognition of the impact on the community of the changing social, economic and political forces. These dynamics pro-

duce welfare, health and recreation problems which should be met by new approaches and new arrangements reflecting fully a knowledge of contemporary conditions. However, there is resistance to change. Procedures and attitudes become fixed, and the interest instrumental in creating an agency or program becomes vested. This was accepted as a factor to be taken into account in the Study.

Because people change their ways when they themselves see the need for changing, it was decided that those concerned should undertake the Study rather than an outside expert. Agency boards, government departments, and the staff of each were called upon for assistance and information, and outside expert consultations were arranged only in a few instances. Relevant information from previous welfare studies was most helpful.

As the success of the Study was dependent on the good-will as well as knowledge of many people, there was recognition of the importance of the interaction of feelings, knowledge, and willingness on the part of the persons involved. The cardinal principle of lay and professional collaboration in every phase of the deliberations was accepted. As many services in Metropolitan Toronto have originated under religious and cultural auspices, this was reflected by the representation on the core staff who worked on the Study, and in the appointment of the committees who guided it.

Objectives

In the announcement that the Study would take place the following objectives were outlined:

The Needs and Resources Study will produce an analysis, assessment, and projection of the community's requirements during the next five years in the fields of welfare, health and recreation that will be a guide to voluntary agencies and organizations, government departments, and citizen groups in planning their programs.

The Study will not only describe the present patterns of service and activities, but will indicate the changes that have occurred, are occurring, and are likely to occur, and what is needed to meet these changes in a constructive way. The Study will identify areas where research is needed to reveal both gaps and duplications and to focus attention on the inter-relationship of services in such a way as to identify opportunities for greater efficiency and

effectiveness.

The Study will examine the provision of welfare services in the light of community values to clarify the respective responsibilities of voluntary organizations and government in the planning, provision, and financing of essential welfare, health, and recreation services. It will examine also the responsibilities of the users of services as they relate to financing and program plans of organizations.

The Study will assess present and anticipated resources, both human and material, and indicate ways of making the most effective use of these resources.

The Study will provide a sustained educational experience for those concerned for the social services. A deeper and more general understanding of the social services is a major objective of the Study.

Development

The Study was initiated by the Board of the Social Planning Council, but placed under the direction of a General Committee composed of lay and professional people and advisory assistants from government departments. The General Committee assessed the probable developments in Metropolitan Toronto for the five-year period from 1962 to 1967 with the objective of equating the resources and the needs of welfare, health and recreation. The staff for the Study was drawn from the Social Planning Council, the United Jewish Welfare Fund, the Council of Catholic Charities, and others were recruited for specific assignments.

In the spring of 1961, a total of 180 municipal departments and local voluntary organizations were invited to make submissions, and outlines were provided.⁽¹⁾ Of this number, 118 made submissions. The remaining 62, who were almost evenly divided between voluntary organizations and government departments, for the most part participated in workshop sessions or assisted in the preparation of the submissions of the Area Social Planning Councils. The

(1) A copy of Study Outlines, and related material, may be found in Appendix D; in Appendix E is a list of government departments and voluntary agencies and organizations that made submissions.

submissions were expected to provide projections of needs, estimates of resources required, considerations of relationships with other agencies, suggestions for better distribution of work, and recommendations on securing more effective co-ordination and planning. Background papers to assist them in the preparation of their submissions were forwarded to the participants. These papers included an outline of trends in various fields of service, demographic data, information on adult and juvenile offenders, immigration, community resources, and a special paper on the concept of need.(1)

The submissions were reviewed by the Technical Committees made up of professionals in ten fields of service selected by the General Committee. The ten committees were on child welfare, community planning, corrections, family and individual counselling, health services, housing, income maintenance, physically and mentally handicapped, recreation and informal education, and services to the aged. These Technical Committees reviewed the material, adding to it from their own expert knowledge and other studies and information. The material was then organized according to five questions, which were to be considered prior to developing any recommendations.

The five questions which applied to every aspect of services in the community are as follows:

- How can planning and co-ordination be done more effectively?
- How can the most effective use of human resources be made?
- What are the respective responsibilities of government and voluntary agencies?
- What is the "best" pattern of services in a metropolitan area?
- How can welfare, health, and recreation services be financed?

The material, classified in the above categories, was given to five Workshop Committees. Each Workshop Committee, made up of eight to twelve lay and professional persons, selected the major issues. These issues were the topics for a series of five workshops to which all those who had taken part in the Study to that date, plus representatives

(1) See Appendix G for a list of special reports prepared for the Study.

of selected citizen organizations, were invited. The Workshop Committees prepared agendas and papers which were designed to enable those attending to develop recommendations, clarify issues, or establish positions. The workshops, held in March and April 1962, were each attended by from 75 to 150 lay and professional people.

Special staff were assigned to each workshop to record the discussions. The data were checked for accuracy during the workshops. After it was recorded in final written form, it was checked again by the chairman of each group. The workshop groups made only general recommendations. Both staff and volunteers displayed a great variety of opinions and feelings. Startling gaps in the knowledge of welfare activities manifested the complexity and difficulty of the problems.

Each member of the General Committee received the record of the workshop discussions during the summer of 1962 and summaries of all submissions. In the fall of 1962, based on all the material received for the Study, sub-committees of the General Committee prepared draft recommendations. Beginning in November, 1962, the General Committee held two series of three-day meetings and a number of all-day and evening meetings to consider the recommendations. The recommendations of the General Committee constitute the major part of this report.

In accord with the objectives each stage of the Study did provide for those participating the opportunity to gather more information about welfare issues, to express attitudes and feelings about them and to explore possibilities for the development of new programs, new patterns of service and new approaches. It was not until the final stage of the Study that the committee reached conclusions and recommendations.

An interim report on "Government Financing of Community Services provided by Voluntary Organizations", released in January, 1963, is incorporated in Chapter IV of this report.

Because it was not possible in the time available for the General Committee to make recommendations on every aspect of each proposal received, the Committee forwarded all material developed for the Study, but not included in this report, to the Social Planning Council. Many of the proposals not included in this report were worthwhile, and in the procedure adopted, the value of the work undertaken in developing each proposal is retained.

OBSERVATIONS

Certain observations arising from the Study constitute, in part, basic elements in the welfare field in Metropolitan Toronto, and influence or determine all sections of this report.

1. Recreation, health and welfare services provided by the government and the voluntary agencies and organizations in the metropolitan area are necessary and are the result of changing requirements of the people.

The population of Metropolitan Toronto has grown very rapidly and changed in composition. The nature of society itself has changed. In the midst of these adjustments, the services described in this report are meeting a genuine need in some part. But further re-grouping and re-organization is necessary to provide improved service, and to make better use of the limited human and financial resources. At all times, the provision of services must meet the changing circumstances. For example, during the next five years young people will represent an increasing percentage of the population. Because of the increase in the ranks of youth and complexity of their problems, they must be given more attention. Services to other groups, however, cannot be reduced proportionately. The fact is that all levels of government and the voluntary services face increasing demands over the next five years which arise from increasing needs and substantially increasing costs.

2. The rapid suburban growth within Metropolitan Toronto has resulted in large, highly populated areas without readily accessible services such as family and youth counselling, family and juvenile courts, hospitals, mental health services, employment services and legal aid.

As many services for the City have been developed under religious or cultural auspices, this poses difficulties in providing and financing needed services on a metropolitan basis. The services which were developed to meet the needs of Toronto as a small city do not effectively meet the needs of a large, growing metropolitan area.

3. The gap between needs and resources, both financial and human, is widening.

The plans and recommendations for expansion, improvement, and new services advanced by the voluntary agencies and organizations are more extensive and more costly than the projected financial support. The same holds true for government services. More psychiatrists, nurses, social workers, recreation workers and other personnel are needed, but the probability of obtaining them, even with greatly expanded training facilities, is remote. Although more money will be required for services, the re-organization of administration, joint-occupancy arrangements, co-operative effort and mergers will have to be considered. A more precise delineation of the respective roles of the fully trained professional worker, the untrained worker, and the volunteer will help to relieve the problem as well as strengthen the quality of services. There is also a need for responsible research, demonstration and experimentation in the provision of services. The development of strong research programs may increase costs for a relatively short period, but it will be a major element in providing services of quality and in meeting problems which produce social malfunctioning.

4. There have been changes in the concepts of meeting physical and social needs of people.

The relationship of employment, educational and health problems to the problems of individual and family adjustment in society is evident. However, it is not reflected in the way the appropriate services are provided. Preventive action to reduce problems of the future may be taken if there is a thorough appreciation of the total problem. For example, the homemakers' services, through immediate care at a crucial time in the life of a family, may prevent a deteriorating situation from developing.

5. There is confusion about the concept of welfare.

There is a recognized commitment of the community to the provision of welfare, health and recreation services. This is evidenced by the assumption of responsibility, through tax funds and through voluntary giving, for a certain level of family, individual and social welfare. Although this is a real commitment to the provision of welfare services, there is, as yet, no apparent agreement as to the minimum basic components of a community's welfare program. There is a good deal of confusion about the respective

responsibilities of government and of voluntary groups, and this has further been confused by a lack of clarity about the respective role of the professional and volunteer. To some the concept of "welfare" seems to be a threat to the concept of "charity". Only through carefully articulated planning and consultation on a community-wide basis can greater understanding of these issues be achieved.

6. The need for planning is grounded in the inter-relation of all aspects of human life, coupled with the extent of specialization and complexity characteristic of modern society.

The need for planning and collaboration was recognized by all those taking part in the Study. There were many indications, however, that co-operative planning was more generally admitted as a need than practised. The reasons for this failure are the very rapid expansion of services, the lack of organization for planning, distrust, instances of competition between government and voluntary groups, and resistance to planning in the welfare field. Action for planning on a community-wide basis should be a prime objective of all those having concern for the health and welfare of Metropolitan Toronto.

7. There is difficulty in defining the respective responsibilities of the government and voluntary agencies.

The administrative and financial responsibility for services in Metropolitan Toronto is divided among four levels of government. The precise role of each level varies from service to service. There are also many voluntary agencies. Only limited progress was made in defining the particular responsibilities of the government agencies and the voluntary agencies. The initiative of the government in the development of experimental programs designed to test new ways of serving people challenges the traditional point of view that voluntary agencies have a unique function to pioneer, experiment and demonstrate, and that government engages in a program only after a need has been proved.

A number of recommendations in this report, on implementation, would alter the financial responsibilities of the different governments. For example, growing emphasis upon home care for the physically and mentally ill, while it may reduce hospital expenditures, will require greater participation on the part of the municipalities in the financing of visiting nursing and homemaker services.

Recommendations regarding the financing of services to unmarried mothers and their children would place more of the financial responsibility on the Province.

Whatever the respective responsibilities of government and voluntary agencies, the needs of the community require their whole-hearted collaboration. It has been most encouraging to have had this kind of co-operation throughout the Study.

CHAPTER I
PRESENT SERVICES IN
METROPOLITAN TORONTO

Today, one of every ten Canadian residents lives in Metropolitan Toronto. Metro's population, in 1961 numbering 1,618,787, in the last decade has increased by about 50,000 persons a year -- the annual increase alone being enough to populate a fair-sized city. Over the next few years, its population may be expected to continue to increase, albeit at a somewhat slower rate, so that by 1966 there will be about 1.8 million Torontonians and by 1980, 2.3 million.

Clearly, if it is to maintain the present level of community services in relation to population, major increases in volume are required. However, the nature of its population growth adds another dimension to this perspective on community services: the complexion of its population is changing, rendering yet more complex community-service requirements. For example, over two-fifths of Metro's population are now either very young or very old -- in the age groups of highest dependency. Its age profile shows a growing bulge in the teenage group -- a group of children with needs quite distinct from those of younger children.

Aside from the changes in age structure, there have been vast changes in the cultural complex of the city. About two-fifths of its population were born in countries other than Canada and, more important in terms of adjustment and integration problems, at least one-tenth of its total population arrived in this country from others within the five years from 1956 to 1961.

Additional factors are at work to change, or intensify, community-service requirements. For example, the spread of residents to outlying areas is rapid. The general trend is for families with young children to move to the suburbs. Because of the community's belief in the desirability of single-family living, the spread has been "thin." This belief has given Toronto a high rate of home-ownership and has greatly influenced land use and government policy. However, low down payments on new homes have been accompanied by high mortgage rates, and many hard-pressed

middle-income families have moved into apartment houses, a type of housing which has increased rapidly in the past decade and was originally thought of as most suitable for newly-weds, elderly people, or childless couples. Some low-income families are accommodated in low-rent housing projects; others rent rooms or sub-standard apartments in old houses. Although Toronto has few slum areas, many areas have deteriorated housing, and there is serious over-crowding in the inner city by low-income and large families.

The social trends are similar to those of other North American cities. The marriage rate is high; boys and girls are marrying younger and having larger families. There is evidence of family stress in the rising rate of divorce, alcoholism, mental illness, and the increased number of illegitimate births to teenage girls. Between 1956 and 1961 the rate of increase in the number of families served by Metropolitan Toronto's five family agencies was far in excess of the rate of population growth, the bulk of increase occurring in the suburbs. More mothers of young children are working, reports indicating that many do so because of financial pressure.

According to the Senate Committee Report on Manpower and Employment, the annual average rate of unemployment in Canada, usually about 4 per cent of the total labour force, has fluctuated between 6 and 7 per cent since 1957, with higher rates at peak periods. Those most affected by the increase in unemployment are youth, older workers, handicapped persons, newcomers, unskilled workers.

Unemployment, illness or other unforeseen circumstances are responsible for some of the debt with which a great many families are burdened. Easy credit is also a contributing cause, compounded with high financing charges and rigid collection practices. This latter aspect of modern life is often detrimental to income maintenance and hence to stable family life.

A combination of the hazards and demands of modern living with the advances of medical science has brought new health problems to the surface. Estimates are that mental illness is suffered by one in ten residents of the metropolitan area, and that the incidence of mental retardation is 3 per cent of the population, with an additional 7 per cent considered borderline. Life saving advances in the medical field resulting in higher survival rates and increased life expectancy have led to rising rates of physical and mental disability and chronic illness.

The History and Philosophy of Community Welfare Services

When Toronto was a rural, village society, the help families and neighbours could give one another "filled the bill." Modern urban life, impersonal and changing, requires institutionalization of this help. A modern city's network of community-service organizations is the means by which its citizens attempt to meet basic welfare, health, and recreational needs. To the traditional concern for people suffering illness and trouble has been added the intent to prevent human disaster by whatever social inventions can be devised.

Services are organized to meet recognized needs, or, to be more exact, they arise as enough people in a community become aware of current needs. Some present services -- or their predecessors -- grew from the great reforms of the late nineteenth Century (family service, child welfare, prisoners' aid); others came into being or were expanded during and following the depression years of the thirties (public assistance, unemployment insurance), from developments during World War II (day nurseries, rehabilitation of the handicapped), or because of population shifts (some of the services for the aging).

In the past, voluntary agencies did the pioneering, demonstrated the value of service and uncovered the extent of need, while government assumed responsibility only after the demonstration. This is not true today. Government has led the way in many new fields and has introduced many experimental programs. Consequently, the agreements by which sponsorship, financing, policy-making, and administration of our community services are divided or shared by government and voluntary resources are many and varied.

What a social work administrator has referred to as "the living disorder of change" is the chief characteristic of the over-all picture of Toronto's community services, for their business is people -- people living in a rapidly growing community and in a time of enormous and pervasive change.

A bird's eye look at Toronto's complex of community services shows that it resembles a crazy quilt. Among the agencies, organizations, and departments, some render services to certain age groups or to people having certain special needs or problems; others aim to meet a common need of people of all ages, and situations. Some operate from one central location; others have decentralized units in various sections of the city. Services may be sponsored

and/or financed by government -- federal, provincial, metropolitan, or municipal; or by various kinds of voluntary groups; or frequently by a combination of the two. Some are staffed by paid workers; in others, direct services are rendered by volunteers. Many jobs requiring fully trained staff are held by partly trained or untrained personnel. To carry out the many functions of these agencies, organizations, and departments trained personnel from many different fields are required: social work; medicine, including psychiatry; nursing; home economics; recreation; and a number of others. Frequently, a combination of several professional skills is needed within one service.

A comprehensive description of the field would cover services on behalf of families, children, youth, and the aging in relation to problems of income, housing, physical and mental health, rehabilitation of the handicapped, anti-social behaviour, recreation and informal education, and planning. A common goal of all is the concern for the physical, mental, and emotional well-being of the people in the metropolitan area, and the desire to help both the family and the individual to develop their maximum potential.

It will be noted in the following descriptions of the present situation in nine fields of service that professional workers are required or considered desirable to carry out or assist in carrying out the functions of a number of services. This is a common thread in the pattern of community services in large and small urban areas in North America, and has its origin in the work begun seventy-five years ago in the Charity Organization Associations, the forerunners of modern family service agencies.

The initial purpose of these early Associations was to alleviate distress among the poor of the major cities on this continent. Very early it became apparent to volunteers who gave and directed the service that people needed more than material assistance. These workers' observations and experience laid the groundwork for a body of knowledge from which social casework, a basic method of helping people with many kinds of problems, has developed. Their convictions and efforts secured the first paid leadership for services, and produced the idea that training would help workers do a better job. By 1899, earlier programs of training, provided within the agencies, had resulted in establishment of the first school of social work. The pattern of collaboration between school and agency to provide trained social workers to man community services

continues to this day. There had been increasing recognition that those engaged in helping people had to have more than sympathy and the desire to help. Thus, both schools and agencies were greatly influenced by the mental health movement which developed over the continent just prior to World War I. Mental health concepts regarding understanding of human motivation and behaviour were absorbed by schools and tested in their laboratories, which were the family service agencies. The resulting knowledge of how to help people with less tangible, but perhaps more basic problems enormously increased social work's potentiality for helpfulness.

In our society, and with our religious convictions, we assume that, to some extent, we are "our brothers' keepers." Protective feelings about children, sick people, and old people come naturally to us. We know that life is not fair, that catastrophe is no discriminator of persons, and human trouble arouses our concern. Traditionally the Christian Church and the Jewish community have accepted a major responsibility and have played a major role in caring for the needy. Jews and Christians alike have accepted the principle that the community must be concerned for the physical and social well-being of its members as well as for their spiritual needs. The provision of voluntary community welfare services has therefore been deeply rooted in the spiritual and cultural values of these groups.

FAMILY AND INDIVIDUAL COUNSELLING

In Metropolitan Toronto, counselling services for families, including in some cases youth and the aged, are offered by several voluntary agencies organized for this purpose and some government departments. Counselling to youth is also offered by two agencies specifically planned for this purpose. The guidance programs of the school systems provide a certain amount of counselling. The National Employment Service and several voluntary agencies offer some employment and vocational counselling. A limited amount of counselling service is available to recipients in the income maintenance programs. Numerous churches, missions, and the Salvation Army also offer personal and family counselling as do government, rehabilitation agencies, hospital social service departments, and the Travellers' Aid Society.

In addition, special counselling for new Canadians is offered by the International Institute, governments, and churches. The potential service of family agencies to this group is limited by language difficulties and there is some evidence to suggest that a major limitation is the fact that new Canadians do not know counselling agencies as a source of help.⁽¹⁾ Finally, group counselling -- as distinguished from the use of group technique, which is common in informal education programs -- is being tried experimentally in hospitals, clinics, family agencies, and other services.

Five family service agencies⁽²⁾ and the Family Service Departments of the two Children's Aid Societies provide social casework as their major service. The services of family service agencies are offered to those who seek them voluntarily. The function of the Children's Aid Societies is protection of children from neglect, in which they are backed by the authority of the law. The average monthly caseload of the five family agencies in 1961 was 2,320; that of the Children's Aid Societies' protection departments in 1961 was 1,508. (See Table 1.)

Some of these services operate through decentralized centres, others from a single location. All offer help with problems, such as marital conflict, parent-child conflict, social aspects of illness, problems of social environment, employment, and housing. Some provide special services for youth or the aging in addition to family counselling.

In three-quarters of a century the family service agency's role has changed. Many of its earlier functions have been reduced or eliminated as government has taken increasing responsibility for income maintenance and protection of children. Today the accumulated knowledge, experience, and skills of three generations of social work are being applied to assist families and individuals through

(1) The Relationship between Child Adjustment and the Integration of Immigrant Parents, unpublished group project report in partial fulfilment of the M.S.W. degree, School of Social Work, University of Toronto (1963)

(2) During the course of this study one family counselling agency terminated its services transferring its work to other family service organizations.

TABLE 1

Family Casework Services
Location and Volume of Service, 1961

Organization	Location of centres		Volume of service, 1961 Monthly Average active caseload
	City	Suburbs	
<u>Family agencies</u>			
Catholic Family Services -			
Family Department	1		646
Family Service Association	4	4*	941
Jewish Family & Child Service	1		445
North York & Weston Family Service Centre		2**	195
Samaritan Club	1		93
Total	7	6	2,320
<u>Protection Departments</u>			
Catholic Children's Aid Society			
Children's Aid Society	1	1***	627
Total	2	1	1,508

* East York; Lakeshore; York Township; Scarborough; Branch in Etobicoke, as of October, 1962.

** North York; Weston.

*** Scarborough; Plans to extend protective service to North Branch (North York).

professional counselling to meet the many practical and psychological problems with which they are faced -- problems common to everyone, rich or poor.

Family agencies are concerned at present about "hard-to-reach" families, to be discussed at greater length later in this chapter, and are eager to encourage earlier referral for their services, since, as in the health field, early diagnosis of problems and their causes increases the possibility of satisfactory rehabilitation of families and individuals.

Youth counselling services (see Table 2) are offered by some family agencies and two specialized agencies. There is also experimental employment of caseworkers in settlements and centres to reach young people in their own neighbourhoods, and of "detached workers" to reach youth who are reluctant to identify with organized programs and the adult world of authority. These resources are insufficient to handle referrals from schools, correction agencies, and other community sources. Agencies counselling youth draw attention to the extreme difficulty experienced by some young persons in obtaining enough welfare assistance to maintain themselves without additional help. These are persons who need assistance in order to continue an educational program, or who are seeking employment yet are unable to be dependent on parents.

TABLE 2

Specialized Youth Counselling Services
1961

Organization	Monthly (end of month) average number cases served
Big Brother Movement	338
Big Sister Association	181
Catholic Family Services:	
Boys Department	198
Girls Department	<u>104</u>
	<u>302</u>
Total	821

The school guidance program usually begins at the secondary school level and is concerned mainly with assisting students in education planning, vocational selection and preparation. Counselling in relation to social adjustment is not primarily part of the program. Some children with serious problems are referred to appropriate community services. Although the school is in an advantageous position to detect child problems early, the limited focus of the present program and the limited number of available qualified guidance personnel mean that treatment is sought only when problems become very serious. In addition, most of the child guidance clinics and social agencies to which referrals can be made for continuous help have long waiting lists.

Employment counselling is available through three units of the National Employment Service: the General Employment Service and the Professional and Executive Division, both of which serve any person seeking employment; and the Special Placements Division, a public service for individuals with employment problems because of age or physical, mental, emotional, social, or cultural handicaps. Vocational and educational counselling are provided by the schools and by several voluntary agencies; some of the latter make a specialty of the service, others, such as those working with youth, the handicapped, or the aging, provide this as part of a total service. In specialized agencies, counsellors trained in psychology assess employability in relation to employment opportunities and undertake to assist persons of any age to develop realistic educational or vocational goals and to plan for their achievement, using personal and other resources. (See Table 3.)

The major unmet need reported by counselling agencies is the shortage of professionally trained personnel. All are agreed that there is no substitute for full professional education in the agencies where family, personal, educational, or vocational counselling is the major service offered.

TABLE 3

Specialized Vocational, Education
and/or
Employment Counselling Services,
1961

Organization	Persons served
Jewish Vocational Service	1,985
Y.M.C.A.	728
Y.W.C.A.	392
National Employment Service	
Special Placements: Handicapped	11,561
Youth	<u>17,051</u>
	<u>28,612</u>
Total	31,717

CHILD WELFARE

Child welfare services, like many other social services were started by small groups of well-to-do citizens with a strong sense of compassion who banded together, usually under religious auspices, to care for abandoned, neglected, or orphaned children. By the turn of this century, Toronto had homes for boys, girls, infants, and pregnant girls and two Children's Aid Societies, all financed by voluntary funds.

Experience with what happens to children who are separated from their families and brought up in institutions as well as knowledge from psychiatry and psychology, has brought about important changes in child welfare work since those early days. Increasing emphasis has been placed on preventing separation of children from parents, and, where possible, on rehabilitating families so that children in care can be returned to their homes; on the use of foster homes for children who need care; and on adoption for

children who must be permanently separated from their families.

Child welfare services were originally organized and financed entirely by voluntary effort. Today, some child welfare services are under public auspices, but the majority remain under voluntary auspices, though supported to a large extent by government funds. Child welfare services include protection of children from neglect; day care; homemaker services for children; services to children separated from their own families; foster homes; institutional and adoption services; and services to unmarried parents.

Under the provincial Child Welfare Act, the Children's Aid Societies, of which there are two in Metropolitan Toronto, have both the authority and obligation to protect children from neglect. Following investigation of complaints of neglect from the community, some children are admitted for care. More frequently, the Societies work over an extended period with the family to improve the situation and prevent separation of the children. In 1961, the two Societies provided such service to 15,443 children in their own homes. Costs for the service are now met by a provincial grant, supplemented by the Metropolitan Corporation and the United Community Fund. A recent report prepared by the Social Planning Council recommends changes in the method of financing these services which would enable the Societies to give more adequate protective service.(1)

The degree of success gained in protective services is dependent on the quantity and quality of professional staff. Even at present all positions are not filled, and population predictions indicate that considerably more staff will be required in the next five years. A situation which troubles the Societies at present is the fact that they are frequently asked to step in where the problem is not really one of neglect but one where families needed such things as financial help, or guidance and advice on rearing of children, household management and nutrition. In one Society, nearly 90 per cent of the referrals fall into this category.

(1) Social Planning Council of Metropolitan Toronto, Financing Children's Aid Societies Serving Metropolitan Toronto (January, 1961).

There are three types of day-care programs. Day nurseries provide group care for children aged $2\frac{1}{2}$ years to school age. Day-care for school age children provides care before and after school hours and a noon meal. Family day-care provides care for children who are not old enough or who for other reasons cannot fit into a group program. In Metropolitan Toronto, there are day-nurseries and day-care programs under voluntary and government auspices and commercial enterprises, but no supervised family day-care program. The day-nurseries are required by legislation to be licensed. No licensing is required for family day-care. Many working mothers are making private arrangements for family day-care in unsupervised homes which sometimes do not meet even minimum health standards.

Although day nurseries were established under voluntary auspices as early as 1890, provision of them became a large-scale community service during World War II under federal legislation. Immediately after the war, the Province of Ontario enacted the Day Nurseries Act which enables municipalities to establish the service under their own or other auspices, sharing the cost with the Province; and which provides for licensing and inspection of day nurseries under all auspices according to specific regulations.

There are, in Metropolitan Toronto, thirty-three organizations that have as their primary purpose the care and protection of children in accordance with their individual needs. (In addition, there are many nursery schools and kindergartens; these, as educational programs, are not considered as a day care resource for employed mothers.) The City of Toronto is the only municipality operating day nurseries. In addition to the eight that it operates, it grants financial assistance to three under voluntary auspices. York Township also provides financial aid to a voluntary day nursery. No other day nurseries receive municipal funds; these are completely under voluntary auspices, financed by the United Community Fund, by religious orders, or operated as commercial enterprises.

That there is uneven distribution of services may be easily seen. There is a child population (under age 5) of over 100,000 outside the City of Toronto and only thirteen of the day nurseries are located in the suburbs; the City of Toronto, with twenty day nurseries, has a child population about half as large as the suburban child population. In other words, in Metropolitan Toronto as a whole for every 10,000 children under age 5 there are 86 licensed spaces

TABLE 4Day Nurseries located in
Metropolitan Toronto, 1961

Nursery	Licensed Capacity	Total
<u>1. City of Toronto</u>		
(a) <u>City operation</u>		
St. Mary's Nursery	35	
Bellevue Nursery	35	
Regent Park South	45	
Hodgsons	33	
Jesse Ketchum	100	
St. Barnabas	50	
St. Monica's	50	
Dovercourt Centre	<u>45</u>	
Total		393
(b) <u>Voluntary, city aid</u>		
Victoria Day Nursery*	48	
West End Creche*	50	
Woodgreen	<u>44</u>	
Total		142
(c) <u>Voluntary, no city aid</u>		
Catholic Settlement House*	80	
Ukrainian Day Nursery	18	
St. Stanislaus	70	
Carmelite	60	
Our Lady Queen of the World	25	
Sacred Heart	40	
Home Service Association	15	
Immaculate Day Nursery	<u>80</u>	
Total		388
(d) <u>Commercial</u>		
Riverdale Park	<u>35</u>	<u>35</u>
Total - City of Toronto 20 nurseries		958

TABLE 4 (Continued)

Nursery	Licensed Capacity	Total
2. Inner Suburbs		
(a) <u>Voluntary, township aid</u>		
Cradleship Creche*	45	45
3. Outer suburbs		
(a) <u>Commercial</u>		
Peter Pan	35	
Happy Child Nursery	34	
Kiddy Korner	60	
Golden Mile Day Nursery	16	
Jude Nursery	25	
Hilltop	18	
Three Little Fishes	50	
Westhill	15	
Scarborough Day Nursery	15	
Tamarack Day Care	35	
Birchcliffe	20	
Cloverleaf	<u>35</u>	
Total - Outer Suburbs		
12 nurseries		<u>358</u>
Total - Toronto and Suburbs		
33 nurseries		1,361

* United Appeal supported

Source: Social Planning Council Information Service.

in day nurseries; for every 10,000 City of Toronto children under age 5, there are 176 licensed day nursery spaces within the City of Toronto; for every 10,000 children of the inner ring of suburbs, there are 18 licensed day nursery spaces; for every 10,000 children under age 5 in the outer three suburbs, there are 46 licensed day nursery spaces located within the area. (See Table 4.)

At present, there is need for more day nurseries for pre-school children over three, for the development of a foster family day care program for children under three, and of an after-school day care program for school-aged children under ten.

Homemaker service is an essential community resource. One of its major objectives is the prevention of separation of children from parents. There are two elements to homemaker service: (1) placement of a trained homemaker, employed as an agency staff person, in the home; (2) casework help in using the service and with the problems which precipitated the need for the service. Homemaker service is provided by the Canadian Red Cross and the Visiting Homemakers' Association. The former serves through its branches: Lakeshore, Etobicoke, and Scarborough. The latter serves the balance of Metropolitan Toronto. There are also nineteen commercial services providing housekeeping and baby-sitting services.

For many years, the demand for this service has far exceeded the supply. Limited staff and financial resources have led to restricted intake policy which excludes a number of needy groups. In 1961, one of the organizations received 2,409 requests for service, and was able to accept only 53 per cent or 1,271 requests for service which were within the agency's present intake policy. Other community agencies requiring the service for families under their care have had to use commercial agencies or take children into care, both costly measures. Funds for additional professional casework staff, homemakers, and home economists are required to meet the need for greater coverage, more service on a twenty-four-hour basis, and more counselling on household management.

In 1958, the Province enacted legislation enabling the government to share with municipalities the cost of providing homemakers and home nursing services. So far only six of the thirteen municipalities in Metropolitan Toronto have entered into agreements with the two organizations giving homemaker service, both of which have been approved by the Minister. Both organizations receive allocations from the

United Community Fund. Some income is derived from clients' fees, which are based on ability to pay.

Because separation of children from parents is seriously disturbing to both, acceptance of children in care by community services should be resorted to only when there are no alternatives, and should be considered temporary, with the ultimate goal either reunion of the child with his family, or, where this is not possible, adoption placement. Child-caring agencies in Metropolitan Toronto, as in other urban communities, report fewer children in proportion to population coming into care and fewer remaining in care for an indefinite time. The children that do remain in care have had such disruptive family experiences that they need highly skilled help.

The 29th Annual Report of the Child Welfare Branch of the Ontario Department of Public Welfare, states that over the past ten years the number of children taken into care of a Children's Aid Society has fallen by 18 per cent. This is a result of increased community support for services which prevent children from being separated from their own parents, as well as an increase in the number of adoption placements. The trend in Metropolitan Toronto parallels what is happening throughout the Province. In 1956, there were 11.2 children in agency care of every 1,000 child population under the age of 15 years compared to 9.5 children in 1961. In this same five year span, the number of children placed for adoption increased by two-thirds, as compared to a one-third increase in the number admitted to agency care.

There are three kinds of care for children who must be separated from their own families: foster home care, adoption, and institutional care.

At the end of 1961, five child care agencies had 2,922 children in foster home care. During 1961, the two Children's Aid Societies placed 711 children in adoption homes. A total of 790 children were accommodated in fourteen institutions, six operated by the two Societies, and eight under religious and other voluntary auspices.
(See Table 5.)

The two Children's Aid Societies under provisions of the Child Welfare Act accept children into care as wards, where there is legal evidence of neglect and inability of parents to provide adequate care. They also give non-ward care, mainly for children of unmarried parents until permanent plans are made. Three other voluntary agencies provided non-ward care in foster homes at the request of parents to 145 children during 1961.

TABLE 5

Children in Care by Type of Care,
December 31, 1961

	Total	Foster Home	Adoption Probation Home	Institu-tions	Else where
Children's Aid Society	2,701	1,813	465	422	1
Catholic Children's Aid Society	1,503	964	235	273	31
Jewish Family and Child Service	32	18	11	3	-
Catholic Family Services	113	21	-	92	-
Protestant Children's Homes	106	106	-	-	-
Total	4,455	2,922	711	790	32

The full cost of ward care is paid by the Metropolitan Corporation, as required by statute. The cost of non-ward care given by the Societies has also been accepted by the Corporation of Metropolitan Toronto. The Province reimburses Metropolitan Toronto for 40 per cent of the cost. Foster home care provided by the three voluntary agencies is financed jointly by the City of Toronto (with 40 per cent reimbursement by the Province); the United Community Fund; and parents' fees. No public funds are available for residents of other municipalities. The cost of care for children outside the City of Toronto is met by the United Community Fund and parents' fees. A 1961 study showed that the anomalies in the method of financing non-ward care are hindering a more effective program in the voluntary agencies.(1)

(1) Social Planning Council of Metropolitan Toronto, Financing Children's Aid Society Services in Metropolitan Toronto (January, 1961).

The foster home care program suffers increasingly from the difficulty of finding enough foster homes. Chief reasons for this are: the low boarding rate, which may be remedied if the recommendations for a new scale of rates made by a 1961 study are implemented⁽¹⁾; insufficient case-work staff to give needed help to foster parents dealing with difficult children; and the necessity to place handicapped and disturbed children in foster homes because of the lack of more appropriate placement facilities for these children.

There are 14 institutions in Metropolitan Toronto. Six are operated by the two Children's Aid Societies; the others are organized under religious or other voluntary auspices. There are also a number of specialized institutions throughout the Province which are used for Toronto children. Some are organized under voluntary auspices; five are operated by the Ontario Department of Health for mentally retarded and emotionally disturbed children; eight training schools are operated or supervised by the Ontario Department of Reform Institutions; and the Juvenile and Family Court of Metropolitan Toronto has an Observation and Detention home for some of the children apprehended.

The Institutions are currently financed jointly by public and voluntary funds, the largest share being met by public funds in payment for ward care and a direct provincial grant of \$8 per month per resident. The voluntary portion is financed by the United Community Fund, the religious auspices, and parents' fees.

Good institutional care is costly, running as high as \$6,500 a year for treatment of an emotionally disturbed child. A high proportion of institutional population are wards of the Societies, which has meant an increasing financial strain on the two organizations. A new method of financing institutional care is urgently needed.

Community services to unmarried parents are generally geared to helping the mother plan for herself and the baby, make a permanent decision about the baby, and deal with personal problems which may be at the root of her behaviour.

There has been no significant change in Ontario's

(1) Social Planning Council of Metropolitan Toronto, Report on a Study of Boarding Home Rates (October, 1961). Note: recommendations were partially implemented with the introduction of increased rates in 1962.

illegitimacy rate since the war years; however, the rate of out-of-wedlock births to teenage girls rose from 10 per 1,000 girls aged fifteen to nineteen in 1955 to 12.2 in 1961. In 1961, more than four thousand unmarried mothers were served by Metropolitan Toronto agencies. Estimates are that from one-third to two-thirds of these were from outside Metropolitan Toronto. (See Table 6.)

TABLE 6

Illegitimate Live Births per 1,000 Female Population
By Specified Ages
Ontario, 1961

Age Group *	Rate
15 - 19	12.2
20 - 24	9.4
25 - 44	1.6
15 - 44 (Total)	(4.3)

* Illegitimate births to girls under 15 years and women aged 45 or more have been included, although the population in these groups is not included. Such births to girls under 15 numbered 61 in 1961, and there was one such birth to a woman aged 45 or more.

The Child Welfare Act delegates responsibility to the Children's Aid Societies for assisting unmarried mothers and protecting children born out of wedlock. This involves casework help to the mother, a limited amount of casework help to the father, and, because of the high proportion of teenage unmarried mothers, frequently working with the parents of both young people. This service is jointly financed by provincial and Metropolitan Toronto funds and the United Community Fund.

Medical care is generally provided by community hospitals and nursing services. Public assistance is available both before and after the baby's birth, and, for mothers who keep their babies, Mothers' and Dependent Children's Allowances are available after a six months waiting period.

There are six maternity homes in Metropolitan Toronto organized under religious auspices having a combined capacity for 151 girls. These are Armagh, Victor Home for Girls, Humewood House, Rosalie Hall, Salvation Army Girls' Home, and Bethel Home. Because this is insufficient for the total need, the homes are used more for teenagers. Older girls are referred to wage homes where in addition to room and board they receive a small wage for domestic service. Maternity homes are all registered under the Charitable Institutions Act and receive provincial grants. The balance of the cost is met by the United Community Fund and/or the sponsoring church groups, and residents' fees. A 1960 report on maternity homes in Metropolitan Toronto⁽¹⁾ emphasizes the need for more adequate financing to provide necessary services, including development of a foster home program to give more accommodation, more and better qualified staff, more psychiatric services and tutorial services for girls whose schooling has been interrupted.

Basic to all services to unmarried parents is the need to maintain confidentiality. Yet under the present method of providing and financing services, this is often violated because of residence laws. When a girl comes to Toronto and has to apply for public assistance a charge-back is made to her place of legal residence, or if her child is made a ward of a Society, the cost of caring for the child is charged back. Studies of this problem have recommended that legislation be revised to eliminate residence requirements for unmarried mothers.⁽¹⁾

SERVICES FOR THE AGED

By 1966, it is expected that the population of Metropolitan Toronto will include 153,000 persons aged sixty-five or over as compared with 131,438 in 1961. Of the population aged sixty-five and over, approximately half are women, two-thirds of whom are single or widowed. Of the men, about two-thirds are married. About half of the older

(1) Social Planning Council of Metropolitan Toronto, A Report on Maternity Homes in Metropolitan Toronto, based on a Study by the Child Welfare League of America Inc. (July, 1960).

people live with spouses or unmarried children. In Ontario about 16 per cent of the aged live alone. To a considerable extent, the elderly live in older and settled parts of Metropolitan Toronto; in 1961, over half lived in the City of Toronto.

Gradual extension of health, welfare, and recreational services for the aged has been accomplished either by broadening the program of existing agencies or by establishing some special agencies. Public authorities, private agencies, churches and community groups have participated in the process, and patterns of sponsorship and financing vary. Broadly speaking, three types of services are now given: those which aid the older person in his own home (e.g. visiting nurse or visiting homemaker services), "out-of-the-home" services (e.g., day centres and clubs), and institutional facilities for sheltered or long-term care. The philosophy permeating services increasingly stresses the potentialities rather than the limitations of the later years.

This age group is dependent to a considerable degree upon services established to meet special needs of persons of all ages. Among these are programs for income maintenance, job placement, vocational adjustment and rehabilitation, recreation, family counselling, information and referral, and health, including services of general, chronic and mental hospitals, public health departments and visiting nursing associations. Homemaker services are provided by three branches of a voluntary organization, primarily on a short-term basis to meet emergencies. Some agencies and organizations have established specialized services; others find an increasing proportion of total agency service being given to this group. Still others, though aware of the need, lack resources to meet it.

At present, there are specialized services for the aged in the areas of income maintenance, housing, sheltered employment, day care, recreation and education, health and sheltered care in homes and institutions. In addition there are a few specialized welfare services such as a Senior Citizens' Service Bureau in one township, and several friendly visiting programs.

Income maintenance programs include: the federal Old Age Security Pension paid to those seventy years or older irrespective of means or employment status; federal-provincial Old Age Assistance Allowance paid to needy persons sixty-five to sixty-nine years of age on a means test basis; and municipal supplementary allowances, costs

for which are shared by federal and provincial governments, to help recipients of the above programs with shelter or drug costs.

Housing for the aged includes, as of October, 1962, 1,650 living units in 14 low-rent housing projects, operated by Metropolitan Toronto Housing Company Limited, the York Township Housing Company Limited, and the Canadian Legion.(1) (See Table 7)

TABLE 7

**Low-rent Housing Units for The Aged,
October, 1962**

Name	Number of Units
York Township Housing Company Ltd., Beech Hall Apartments	128
Metropolitan Toronto Housing Company Ltd. Scarborough Acres (Scarborough)	16
Brimley Acres (Scarborough)	201
North Acres (North York)	128
West Acres (Etobicoke)	224
May Robinson House (Toronto)	405
Woodbine Acres (Toronto)	42
Riverdale Acres (Toronto)	25
East York Acres (East York)	201
King High (North York)	31
Humber Area (Etobicoke)	47
Glen Stewart Acres (Scarborough)	154
Canadian Legion - Finchurst Apartments	48
Total	1650

(1) Metropolitan Toronto Planning Board, Report on the Impact of Limited Dividend Housing on the Demand for Subsidized Public Housing in Metropolitan Toronto (January, 1963)

Other low-rent facilities are available to older people, although not specifically planned for them. These include the public housing projects of the Metropolitan Toronto Housing Authority and the Housing Authority of the City of Toronto. Additionally, two Co-operative Houses, where residents share work and expenses, serve elderly women under the sponsorship of the Julia Greenshield Home.

Sheltered employment for women fifty years of age and over is provided by one of the two day care programs. Its services also include a hot meal each day, counselling, and some recreation. The other day care program is operated by a home for the aged.

Eight day centres or drop-in centres sponsored by church groups, senior citizens' councils, or committees offer recreational and educational services. Four are located in the City and one in each of four other municipalities. More than ninety clubs, largely under volunteer leadership, located in all municipalities with some concentration in downtown Toronto, meet in churches, schools, and community halls for social activities and entertainment.

In addition to the health services provided in municipal and some private homes for the aged, a free geriatric clinic is operated by the Scarborough Board of Health, and Toronto Western Hospital has a geriatric unit operated in close co-operation with municipal homes for the aged.

Resources for sheltered care include homes for the aged and a boarding home program. In 1961 there were 26 homes for the aged serving Metropolitan Toronto, with a total of 4,056 beds, including the home operated by Metropolitan Toronto in Newmarket. Four are institutions operated by the Municipality of Metropolitan Toronto, under the Homes for the Aged Act, seventeen are voluntary homes that receive provincial grants under the Charitable Institutions Act, and five are voluntary homes operated without municipal or provincial funds. (See Table 8.)

TABLE 8

Homes for the Aged in Metropolitan Toronto, 1961

Home	Bed Capacity	Total
Homes operated by municipal governments*		
Metro - Lambert Lodge	710	
Metro - Greenacres	630	
Metro - Hilltop Acres	200	
Metro - Kipling Acres	260	
Willows	<u>7</u>	1,807
Homes operated under Charitable Institutions Act		
Church Homes for the Aged	44	
Salvation Army - Eventide Home	57	
Salvation Army - Meighen Lodge	166	
Providence Villa & Hospital (includes hospital)	688	
Ina Grafton Gage Home	51	
Jewish Home for the Aged	200	
Julia Greenshield Memorial Home	28	
Laughlen Lodge	193	
Strachan Houses	38	
Toronto Aged Men's and Women's Homes		
Belmont	129	
Ewart	66	
Tweedsmuir	56	
Clarkewood (C.N.I.B.)	125	
Fairhaven House	17	
Florence Nightingale Home	18	
Fred Victor Home	65	
Shepherd Lodge	<u>103</u>	2,044
Other voluntary homes		
Church of the Good Samaritan	50	
Canadian Red Cross Soldiers Home	127	
Lavell Smith Home	12	
St. Matthew's Lodge	<u>16</u>	<u>205</u>
Total		4,056

*A fifth Metropolitan Toronto Home, Bendale Acres, was opened in 1962 with a bed capacity of 332, and plans for two others are under consideration.

Under the Homes for the Aged Act, a boarding home program is operated by Metropolitan Toronto for certain persons who are ambulatory and eligible for admission to a municipal home for the aged. Such boarding homes are supported in part by the Province and by Metropolitan Toronto. During 1961 in Metropolitan Toronto there was a maximum of twenty-four persons in boarding home care during any one month.

The present situation of Toronto's elderly citizens has been the subject of considerable study by the Social Planning Council. An over-all assessment of present services to the aging was completed in 1961, following special studies in several fields of service.(1) To help older people remain in the community, living normal, satisfying lives and realizing the potentialities of their later years, it will be necessary to continue extending and improving existing services in the fields of income maintenance, employment, housing, health and medical care. Some specialized needs, particularly for services to older people at home, have been stressed: for example, a three-year pilot project (1957-1960) demonstrated the need for and value of homemaker services for the elderly. Other needed services are for casework and counselling, day care, and sheltered employment. Suggestions for improvement, extension or initiation of services have included "meals-on-wheels," legal consultation, day camping, and legislation which would provide for survivors' benefits, portable pensions, and protection against discrimination in employment.

One group of older people in particular need of service are the homeless unemployed men. One of the Council studies found a need for centres which would provide recreation, counselling, medical checkups, health education, and meals for this group.(2)

For the aged in sheltered care, there is need to increase medical and nursing service, and casework service, and to improve or develop recreational programs. The care of the senile or mentally confused older person is a major problem.

(1) Social Planning Council of Metropolitan Toronto, Report of Committee on Survey of Services for Older People in Metropolitan Toronto (January, 1961).

(2) Social Planning Council of Metropolitan Toronto, Day Centres for Older Homeless Men, (1960).

Continued efforts must be made to ensure that elderly persons and groups and individuals working with them have information and understanding of available services. It has been recommended that a special directory of services for the aged be prepared for use by clubs, volunteer groups, and others.

INCOME MAINTENANCE

Social Security measures for those for whom there is no suitable employment or who are unemployable are provided through federal, provincial, and local government programs. At the present time, voluntary agencies, churches, and service organizations are giving additional material assistance to families and individuals in need who seek it from them.

Income maintenance programs provided under federal statutes and administered by federal government departments are: Family Allowances, Old Age Security, Unemployment Insurance, and allowances provided Indians and war veterans.

Programs covered by provincial legislation and administered by the Province are: Blind Persons' Allowances, Disabled Persons' Allowances, Old Age Assistance (in all three of which the federal government shares the cost), Mothers' and Dependent Children's Allowances, and Workmen's Compensation. The Province also indirectly supports services covered by provincial legislation in the fields of child welfare, homes for the aged, homemaker and nursing services, and others.

Federal, provincial and local tax sources support General Welfare Assistance, which is provided for under provincial legislation and administered by local townships and municipalities. Also locally administered are Supplementary Allowances to persons receiving Old Age Assistance, Old Age Security, and Disabled Persons' and Blind Persons' Allowances.

Unemployment and Municipal Welfare Assistance

Unemployed employables comprised about one-fourth (23.8 per cent) of the General Welfare Assistance caseload of the City of Toronto Department of Public Welfare in March, 1960. Among the 3,114 families served that month, 28 per cent (877) represented those whose heads were

employable but could not find work; among the 3,760 single individuals, 20 per cent (756) were employable.

Table 9 shows the age distribution of the March, 1960, General Welfare Assistance caseload by employment status, of the City of Toronto. Most of those who were employable were middle-aged persons in the prime working years, 31 - 40.

TABLE 9

Recipients of General Welfare Assistance
By Age Distribution
City of Toronto
Department of Public Welfare, March, 1960

Age	Total		Employable		Unemployable	
	Number	Per Cent	Number	Per Cent	Number	Per Cent
Under 20	268	100.0	61	22.8	207	77.2
20 - 30	1,281	100.0	421	32.9	860	67.1
31 - 40	1,501	100.0	529	35.2	972	64.8
41 - 50	1,209	100.0	304	25.1	905	74.9
51 - 60	1,576	100.0	274	17.4	1,302	82.6
61 - 65	786	100.0	43	5.5	743	94.5
Over 65	253	100.0	1	0.4	252	99.6
Total	6,874	100.0	1,633	23.8	5,241	76.2

Source: City of Toronto, Department of Public Welfare Biennial Report, 1959 - 1960 (July, 1961).

Some municipalities provide special assistance, such as drugs, medications, or glasses, from municipal funds, when these needs are not provided for by supplementary allowances; they may also contribute to special programs for indigent or semi-indigent persons. In addition, municipalities may share with the Province costs of pro-

sthetic appliances, and the purchase of homemaker and visiting nursing service from voluntary or commercial agencies. The City of Toronto's Department of Public Welfare operates an emergency shelter for transients, nursing homes, and day nurseries, the cost for all three being shared with the Province. The City of Toronto also shares with the Province the cost of purchasing voluntary child placement service for legal residents domiciled in Toronto, to the extent that the parents are unable to meet the total cost themselves.

The Metropolitan Corporation pays hospital costs for medically indigent persons under certain circumstances, operates homes for the aged and low-cost housing for the aged, and pays the Children's Aid Societies the statutory amount established to cover the per diem cost of caring for children deemed neglected, if the children are legal residents of the metropolitan area. Metropolitan Toronto also makes additional non-statutory grants to the Societies for special purposes.

Special aids to needy students include: provincial scholarships for university entrants with 80 per cent or higher average; assistance by the Board of Education of the City of Toronto to needy students referred by school sources.

Among the private agencies providing material assistance in Metropolitan Toronto are family and other casework agencies, Salvation Army, Catholic Rehabilitation Service, St. Vincent de Paul Societies, churches of several denominations, special veterans' funds, service clubs and others.

Family agencies and most of the other organizations generally agree that basic needs of families or individuals eligible for public assistance should be met through public funds. However, it is recognized that not all persons are eligible, that statutory regulations do not cover all basic requirements, that special circumstances sometimes create needs for which no statutory provision exists, and that the maximum amounts provided by regulations are sometimes too low to cover the realistic cost of necessities. It is also true that there is variation among the municipalities in use made of the regulations.

At present, agencies dealing with chronic petty offenders, many of whom are homeless but not criminal, find that heavy demands are made on their financial and other resources to meet survival needs of these individuals.

When basic needs for family or individual maintenance are not adequately met from the statutory source, there is a tendency for recipients to seek additional help from voluntary agencies, churches, service organizations, and even schools. The need for this should be kept at a minimum through provision of an adequate standard of public assistance. Voluntary agencies are also called upon to meet emergency needs of homeless non-residents, or of applicants to a welfare department pending investigation to determine eligibility. The volume of such requests is high in the metropolitan area.

HOUSING

Metropolitan Toronto has for many years suffered from serious overcrowding in many sections. The degree of overcrowding had reached its peak in the immediate post-war era when families were formed faster than the construction industry, which had not been building houses during the war years, was able to provide housing. However, serious overcrowding continues in many of the older areas of the city as well as some of the older suburbs.

The mortgage lending and mortgage insurance program of the federal government under the National Housing Act has done a great deal to relieve many of the housing pressures that were experienced in the immediate post-war periods and in the early 1950's. It has been of very great benefit to middle-income families who might not otherwise have been able to acquire homes. Over the years the down payment requirement for homes under government-financed, government-insured, or private mortgages has come down but at the same time the general trend in interest rates has been upward, increasing the monthly costs of homes. Urban land costs have continued to rise.

As a result of the desire of people in Metropolitan Toronto to have single detached homes wherever possible and of zoning regulations, the population of the community has been spread thinly into the suburbs and well beyond. For many families it has created some problems as well as

benefits. Some of these problems are related to matters of transportation to and from work and other important community services which protect, support, and improve family and individual resources of a social and personal nature. Others are related to the cost of homes. The rapid rise in the cost of land becomes part of the cost of housing. Provision of many kinds of services including health and welfare services can be more difficult and costly in the thinly populated suburbs.

As a result of the rising costs of land and the need for access to transportation and other urban facilities, our community has been witnessing, in recent years, increasing densities of population on available land in the metropolitan area. This increasing density is taking the form of apartment buildings, semi-detached dwellings, and an increasing amount of row housing. The most obvious and dramatic change has been in the very noticeable increase in apartment houses in Metropolitan Toronto. Apartment dwellings and other forms of high density dwellings can provide shelter for smaller middle-income families. Privately owned apartment buildings in Metropolitan Toronto contain relatively few apartments of three bedrooms or larger size. These larger apartment units are high in price. One of the problems with apartment dwelling is that it results in changes in patterns of family and individual living which may call for development of special types of community services for apartment dwellers. However, more research into this is required.

To meet some of the problems of the low income family which cannot as readily benefit from the opportunities available to it under the mortgage lending or mortgage insurance programs of the federal government, provision has been made in the National Housing Act for several programs of publicly financed and publicly controlled housing. The largest number of these units have been built under the limited dividend provisions of the National Housing Act which provides loans to private builders, municipalities, non-profit groups, and others on the condition that they provide housing units for families within a certain income range. In Metropolitan Toronto the vast majority of this type of housing has been built by private builders, who had built almost 4,000 units of such housing by the end of 1961. These units are available to a specified income group at specific and fixed rentals. The income group tends to be a higher group in the low income range. Limited dividend apartments offer mainly one-bedroom and two-bedroom

units and relatively few large families are accommodated. Because of high land costs, most projects are usually built at high densities in the outer suburbs where transportation and health, welfare, and recreation facilities may be limited or non-existent.

The City of Toronto Limited Dividend Company provides housing at fixed rentals for families. The Metropolitan Toronto Housing Company Limited, a limited dividend company administered by the Metropolitan Department of Welfare and Housing, provides more than 1,000 units for elderly persons with limited incomes in which rents are fixed in relation to costs. (More units are in construction or planning stages.) Subsidies for both municipal housing companies are indirect in the form of capital grants by the Province and tax concessions by municipalities.

Public housing programs in Metropolitan Toronto are administered through two public agencies. The City of Toronto Housing Authority, which is entirely owned and financed by the City, operates a 1,400 unit project where rents are related to income and municipal subsidies make up for any losses. The Metropolitan Toronto Housing Authority (an instrument of a federal-provincial housing partnership) administers 1,800 units of public housing (with several other projects in various stages of planning or construction) in which rentals are based on percentage of income and subsidies are provided by the federal, provincial and metropolitan governments. The subsidized public housing projects are a major source of 3, 4 and more bedroom unit apartments, thus housing many large families. (See Table 10.)

Since 1958 there has been relatively little public housing built in Metropolitan Toronto, even though waiting lists are long. Metropolitan Toronto Planning Board reports that about 5,000 are on the waiting list for public housing.(1) The recommendations of the Metropolitan Interim Housing Committee in 1958 suggested that 1,000 new units of family housing and 500 units of housing for elderly persons be added each year for a period of five years. Very few units have been built.

The need for health, welfare and recreation programs to serve specially public housing projects was examined in

(1) Metropolitan Toronto Planning Board, Draft Official Plan of the Metropolitan Toronto Planning Area (1959)

1961. The report found no justification for concluding that needs among tenants of public housing projects are any greater than needs in many other metropolitan areas at present.⁽¹⁾ Future development should be assessed jointly by housing agencies and health and welfare services.

TABLE 10

Low-rent Housing

Organization	Number of Units as of Oct., 1962	Total
<u>1. Limited dividend projects</u>		
Elderly persons (see Table 7)	1,650	
Family		
(a) Municipal auspices		
City of Toronto	246	246
(b) Private auspices		
City of Toronto	558	558
York Township	67	
Etobicoke	466	
North York	2,027	
Scarborough	<u>2,557</u>	
		7,571
<u>2. Public Housing</u>		
Toronto	2,129	
North York	<u>1,081</u>	
		<u>3,210</u>
Total		10,781

Source: Metropolitan Toronto Planning Board, Report on the Impact of Limited Dividend Housing on the Demand for Subsidized Public Housing in Metropolitan Toronto (January, 1963).

(1) Social Planning Council of Metropolitan Toronto, Report on Health, Welfare and Recreation Needs and Services Provided to Tenants of Two Public Housing Projects in Metropolitan Toronto (June, 1961).

A major problem to be faced by the metropolitan community is ways and means of preserving the existing housing stock and preventing deterioration in order that the older housing might not fall away faster than new housing can be built. This calls for appropriate legislation and programs of education and information to maintain standards and prevent overcrowding and over-use. Where such legislation exists at present enforcement is difficult because of the lack of alternative supply of low rental housing especially where the laws related to overcrowding might be applied. Study is needed to determine what better forms of regulations might ensure proper standards while providing adequate housing. Experience in other cities has shown that legislation and enforcement are insufficient to improve the housing situation without the participation of owners and tenants, neighbourhood health and welfare agencies, and government departments.

HEALTH

The total health programs of the community aims to bring the four important aspects of health -- prevention, treatment, education, and research -- to all the people. Responsibility is shared by medical practitioners, with whom rests the diagnosis, care, and treatment of the sick; various levels of government which maintain the general health of the community; and voluntary agencies which provide service in relation to specific disease or in the particular fields of home nursing, health education, and rehabilitation. In recent years industry has assumed greater responsibility for employees' health and labour unions are studying proposals for development of group medical services based on an insurance principle.

In Metropolitan Toronto there are eleven municipal health departments and one Health Unit (covering two municipalities) each operating under a Board. A Medical Officer of Health (either full-time or part-time) is responsible in each of the municipalities for carrying out a program of public health under the authority of the Public Health Act. The emphasis in these programs is the promotion of health through recognized preventive measures. These include the prevention and control of infectious

diseases; provision of pure water supplies and up-to-date environmental sanitation services; and promotion of good nutrition and basic health standards.

The following services are provided by the municipalities: prenatal, maternal, and child health programs; pre-school and school health programs including immunization, dental and mental health; communicable disease control; tuberculosis and venereal disease control; environmental sanitation; food and milk control and inspection of catering establishments; inspection and licensing of boarding homes and nursing homes; hospital health services; public health nursing services; care of indigents, morgue, ambulance and laboratory service and vital statistics.

A joint public and private agency experiment in providing nursing care and some related services to persons in their own homes is currently being carried out in a limited area by the City of Toronto's Department of Public Health. This Pilot Home Care Project has recently been extended to include a controlled number of patients from two of the City's hospitals, the purpose being to continue their medical care at home rather than having them remain in the hospital.

The Ontario Hospital plan which came into effect in January, 1959, has proved to be an effective method of financing hospital services through the Ontario Hospital Services Commission. This insurance plan enables families to meet the cost of hospital care through small monthly payments, thus eliminating situations where low and middle income families are faced with rising costs for acute illnesses that have, in the past, wiped out savings or created large debts. During 1959 the Commission contracted with private nursing homes to provide special nursing care for patients who would otherwise have to occupy hospital beds. Hospitals are operated by the provincial government for the care and treatment of the mentally ill and for tuberculous patients. The federal government operates a hospital for veterans.

In Metropolitan Toronto, eighteen public⁽¹⁾ general hospitals (all but four of which have out-patient departments) and eight private hospitals have a total of about

(1) The majority of hospitals in Toronto are designated as public general hospitals although they are operated as private institutions by independent Boards.

7,600 active treatment beds. According to the Ontario Hospital Services Commission, the present need is for about nine thousand beds. Estimates are that population growth results in an annual requirement of about two hundred additional beds. The current shortage of active treatment beds is felt most keenly in the suburbs.

Seven public general hospitals and four private hospitals have a total of about 1,300 beds for care of the chronically ill; and four public general hospitals have about 350 beds for care of convalescent patients. (See Table 11.)

Other health agencies include 41 organizations focusing on a specific disease, condition, or handicap and 16 providing generalized health services. These include 47 organizations under voluntary auspices (although government grants, or other payments, may be a part of their budgets) and 10 under governmental auspices. Table 12 lists health agencies by type of service and their major source of funds.

The largest of these organizations, in terms of staff and individuals served are the visiting nurse services -- the Victorian Order of Nurses (with four branches: North York, Toronto, Weston, and York Township) and St. Elizabeth Visiting Nurses' Association. Combined, these organizations during 1961 made over 220,000 visits for nursing care and health counselling. Growth of population has meant greater demand on these services. An increasing proportion of elderly persons are being served. In those municipalities where provincial legislation providing for homemaker and home nursing services has been implemented, there has been additional support to visiting nurses agencies. The municipalities that have implemented this legislation are: Toronto, Etobicoke, East York, Scarborough, North York, Forest Hill, York, and Leaside.

Eighteen voluntary agencies have as their primary objective health education, research and/or treatment services for a specific disease or physical handicap. Two are devoted to health education and co-ordination of medical and health service. Another two provide ambulance services, first aid and nursing classes, and one provides a Blood Donor Service on a metropolitan-wide basis. A nutrition service is maintained by another voluntary agency in connection with homemaker service.

Services of agencies organized around specific diseases or handicaps range from small health education programs to programs including health education, treatment, and research.

TABLE 11

Metropolitan Toronto Hospitals
Rated Bed Capacity, December 31, 1961

Hospital	Beds	Total
<u>Public Hospitals -</u> (active treatment)		
Hospital for Sick Children	647	
New Mount Sinai	373	
Princess Margaret	87	
St. Joseph's	614	
St. Michael's	800	
Toronto East General and Orthopaedic	601	
Toronto General	1,522	
Toronto Western	698	
Women's College	279	
Lockwood Clinic	39	
Northwestern General	252	
Queensway General	131	
Scarborough General	340	
Riverdale	5	
Salvation Army Grace	109	
Humber Memorial	118	
North York Branson	163	
Wellesley	<u>283</u>	<u>7,061</u>
<u>Public Hospitals -</u> (Convalescent)		
Hillcrest Convalescent	34	
Lyndhurst Lodge	50	
St. Bernard's Convalescent	60	
St. John's Convalescent	<u>211</u>	<u>355</u>
<u>Public Hospitals -</u> (chronic care)		
Our Lady of Mercy	300	
Queen Elizabeth Hospital for Incurables	519	
Baycrest	87	
Bloorview	53	
Riverdale	99	
Runnymede	114	
Toronto Hospital (Weston) (opened October 16)	<u>60</u>	<u>1,232</u>

TABLE 11 (continued)

Hospital	Beds	Total
<u>Private Hospitals -</u> (active treatment)		
Central Private Hospital	73	
Doctors	322	
Institute of Traumatic, Plastic and Restorative Surgery	4	
Orthopaedic and Arthritic	28	
Mayfair Private	16	
Shouldice Surgery (includes Thornhill unit)	62	
Toronto Eye Surgery	14	
Bethesda Hospital	20	539
<u>Private Hospitals -</u> (chronic care)		
Beverley Private	18	
Dalmeny Private	7	
Dewson Private	31	
Woodlands Private	16	72
Federal Hospital - Sunnybrook		1,430
Toronto TB Hospital (Weston)		656
Total		11,345

Source: Ontario Hospital Services Commission, Annual Report, 1961

TABLE 12

Health Agencies Type of Service and Major Source of Funds, 1961

Organizations serving specific disease - handicap	Major source. funds			Community health education	Research **
	Gov't	Voluntary U.A.	Other		
<u>Alcoholism</u>					
R-Alcoholics Anonymous*			X	Recreation, counselling	
R-Alcoholism & Drug Addiction Research Foundation	X			Clinic, hospital	X
R-A. G. Brown Memorial Clinic	X			Treatment	X
R-Harbour Light (Salv'n Army)		X		Treatment	X
<u>Blindness</u>					
R-Canadian National Institute for the Blind		X		Workshop, social service, residence	X
<u>Cancer</u>					
Canadian Cancer Society		X		Welfare service	X
Ontario Cancer Institute	X			Princess Margaret Hosp.	X
National Cancer Institute of Canada				Professional education	
Ontario Cancer Treatment and Research Foundation		X		Co-ord. of control progs. Treatment, transportation hostels	X
<u>Cerebral Palsy</u>					
R-Cerebral Palsy Parent Council		X		St. Paul's school, treatment	
R-Inter-Fraternity Cerebral Palsy Association				Workshop, treatment	

TABLE 12 (continued)

Organizations serving specific disease - handicap	Major source, funds				Community health education	Research **
	Gov't	U.A.	Voluntary	Other		
<u>Cerebral Palsy</u> (cont inued)						
R-Adult Cerebral Palsy Insttit. Cerebral Palsy Federation of Toronto*			X		Residence	
				X		
					X	
<u>Cystic Fibrosis</u>						
Canadian Cystic Fibrosis Foundation*				X	Equipment	X
<u>Deafness</u>						
R-Canadian Hearing Society			X		Exam'n & issue hearing aids, job placement & counselling	X
R-Evangelical Church of the Deaf				X	Training	
R-St. Francis de Sales						
Catholic Deaf Society		X			Training, recreation	
R-Tor. Hard of Hearing Club*		X			Training, recreation	
R-Tor. Association of the Deaf*		X			Recreation	
R-Hearing Conservation Centre- Tor. Public Health Dept.		X			Survey, testing, treatment	X
Metro Tor. Association for Hearing Handicapped Child'n.		X				
Dental problems					Oral education	X
U. of T. Dental Clinic		X			Clinic for prof. train'g.	X

TABLE 12 (continued)

	Major source, funds				Community health education	Research **
	Gov't	Voluntary	U.A.	Other		
<u>Organizations serving specific disease - handicap</u>						
<u>Diabetes</u>	x				Recreat'n, diet counsel'	x
R-Canadian Diabetic Assoc.						x
<u>Epilepsy</u>	x				Counselling, recreation	x
R-WoodGreen Centre						x
Ontario Epilepsy Association			x			
<u>Heart</u>						
Ontario Heart Foundation			x			x
<u>Hemophilia</u>						
R-Canadian Hemophilia Assoc.*			x		Aid, voc. guidance	x
<u>Multiple Sclerosis</u>						
R-Multiple Sclerosis Society of Canada	x				Equipment, home visiting	x
<u>Pre-natal Education</u>						
Canadian Mothercraft Society	x				Training, hospital Education	x
Pre-natal Educ. C'tee.	x					
<u>Retardation</u>	x					
R-Lorimer Lodge					Counselling, residence	
R-Metropolitan Toronto Association for the Retarded	x				Training, school, workshop	
Ont. Association for Retarded Children					Leadership, liaison, guidance	x
Ontario Hospital Schools (3)	x				Training	x

TABLE 12 (continued)

	Major source, funds			Type of direct service	Community health education	Research **
	Gov't	U.A.	Other			
Organizations serving specific disease - handicap						
Rheumatism R-Can. Arthritis & Rheumatism Society	x			Treatment	x	x
<u>Tuberculosis</u>						
Gage Institute Chest Clinic		x		Casefinding	x	
National Sanitarium Assoc.		x		Casefinding, treatment		
Ontario TB Association	x			Liaison	x	x
R-TB Control - Ontario				Diagnosis, clinics, treatment, sanatoria	x	x
Department of Public Health	x					
<u>General Health Agencies</u>						
(a) <u>Nursing</u>						
Victorian Order Nurses - four branches	x			Visiting nurses	x	
St. Elizabeth Visiting Nurses' Association	x			Visiting nurses	x	
(b) <u>Physically Handicapped</u>						
R-Canadian Paraplegic Assoc.	x			Hosp. (Lyndhurst Lodge)		
R-Ort. Soc. for Crippled Children	x			Complete program children	x	x
R-Soc. for Crippled Civilians	x			Training, workshop		
Canadian Council for Crippled Children & Adults	x			Training, treatment	x	x
R-Sunnyview School	x			Training, treatment		

TABLE 12 (continued)

Organizations serving specific disease - handicap	Major source, funds			Community health education	Research **
	Gov't	Voluntary	U.A.		
(b) <u>Physically Handicapped</u>					
R-Rehabilitation Foundation for Poliomyelitis	x				
R-Toronto Rehabilitation Centre	x			Treatment	x
R-Bloorview Hospital, Home and School	x			Treatment	
				Hospital care, education	
(c) <u>Other</u>	x				
Health League of Canada	x			Location of physicians	x
Academy of Medicine	x			Ambulance, first aid,	x
Canadian Red Cross				nursing, blood, etc.	
St. John Ambulance	x			Ambulance, first aid,	x
				nursing	
<u>Other Rehabilitative Agencies</u>					
Rehabilitation services, Ont. Dept. of Public Welfare	x			Co-ordination, assessment, counsellng, employment placement, purchase of training	
Jewish Vocation Service	x			Rehabilitative workshop	
Just One Break	x			Employment service	
Operation Reliance	x			Workshop	

TABLE 12 (continued)

	Major source, funds			Community health education	Research **	
	Gov't	Voluntary	U.A.	Other	Type of direct service	
Organizations serving specific disease - handicap						
Other Rehabilitative Agencies (continued)						
National Employment Service -					Job counselling, selective placement	
Special Service	X					
R-Workmen's Compensation Board	(1)	X		X	Pays compensation benefits, medical aid	

R- Rehabilitative Agency.

*-No professional paid staff.

**-Provides financial support and/or undertakes research.

(1) Assessment on employers.

Most have one or more paid staff members -- only five do not have paid professional staff, and twelve either do research themselves, or support research undertakings in local hospitals or universities. This group of agencies are usually local branches of national and provincial agencies and serve Metropolitan Toronto from central locations.

Among the needs related to health that require attention are: dental care for persons of low income, and for pre-school and school-age children; an increase in ambulance service; expansion of hospital home care programs and services to persons in their own homes; additional trained personnel for public health nursing services; some method of providing hospital out-patient services, drugs, and related services not now covered by hospital insurance; better understanding of the role and function of medical social work.

In-patient hospital facilities for the mentally ill include five Ontario hospitals, four private hospitals, and wards in seven other general hospitals. The normal bed accommodation for these facilities amounts to 3,947 beds, of which 3,663 represent Ontario Hospital accommodation, 211 beds represent psychiatric wards in several general hospitals and 73, four private hospitals. (See Table 13.)

Out-patient services for the mentally ill include the out-patient departments of Ontario hospitals and general public hospitals, five clinics operated by municipalities or voluntary organizations and three additional mental health clinics that serve specific groups. (See Table 14.)

The Canadian Mental Health Association assumes responsibility for public education regarding mental health, provides social and leisure time programs for patients returning to the community from hospitals, and gives volunteer services in mental hospitals.

There is need for more co-operative planning of community services for the mentally ill; additional health clinics; increase in trained staff, and in mental health consultants; additional school mental health services; and psychiatric beds in general hospitals. Additional residential treatment services for severely disturbed children and more adequate facilities for the management and disposition of the mentally ill brought before the courts are also needed.

TABLE 13

In-Patient Services for the Mentally Ill, 1960

Hospital	Normal Bed Accommodation	Total
<u>Ontario Hospitals</u>		
Thistletown	75	
Toronto Psychiatric Hospital	64	
Toronto	850	
New Toronto	1,100	
Whitby	<u>1,574</u>	3,663
<u>Wards in general Hospitals*</u>		
St. Joseph's	25	
St. Michael's	30	
Toronto Western	35	
Women's College	20	
Humber Memorial	2	
Wellesley	32	
Sunnybrook	<u>67</u>	211
<u>Private Hospitals</u>		
Alcoholism Research Foundation	15	
Dalmeny	40	
Sunnyside	9	
Willowdale	<u>9</u>	73
Total		3,947

* 1961 data

Source: Ontario Hospital Services Commission, Annual Report, 1961; Department of Health, Ontario, Mental Health Branch, 94th Annual Report, 1960.

TABLE 14

**Out-Patient Psychiatric Services,
Metropolitan Toronto, 1960**

<u>Organization</u>	<u>Patients Served, 1960</u>	<u>Total</u>
<u>Ontario Hospitals</u>		
New Toronto	218	
Toronto	608	826
<u>Toronto Psychiatric</u>		
Out-patient	2,566	
Forensic	427	
Children's	267	3,260
<u>Other hospital out-patient facilities</u>		
Toronto General	400	
St. Joseph's	132	
Mt. Sinai	193	
Hospital for Sick Children	475	
Northwestern (by appointment only)	12*	
St. Michael's	N.R.	
Toronto East General	*50*	
Toronto Western	140*	
Women's College	N.R.	1,402
<u>Community Mental Health Clinics</u>		
Toronto Mental Health Clinic	602	
Brookside Clinic (Alcoholism Research Foundation)	1,023	
East York-Leaside Guidance (Government)	94	
Toronto Department of Public Health (Government)	893	
York Township Guidance (Government)	115	2,727
<u>Services for specific population groups</u>		
Sunnybrook Hospital -		
Out-patients (Veterans)	N.R.	
Juvenile-Family Court (Children under court jurisdiction)	N.R.	
Toronto Board of Education, Child Adjustment Services (Toronto school children)	5,862	5,862
		14,077

* Estimated by hospital.

Source: Department of Health, Province of Ontario, Mental Health Branch, 94th Annual Report, 1960.

THE PHYSICALLY AND MENTALLY HANDICAPPED

The focus in this field is on developing the disabled person's remaining potentialities. Where the handicapped person is unable to utilize existing community services, special services must be made available to help him accomplish this goal. For children, this means special educational and recreational facilities; for adults, the emphasis is on restoration of working capacity, or, failing this, the greatest possible degree of self-care and social integration. Many of the successful methods of rehabilitation were developed out of experience with war veterans which demonstrated that most handicapped could be re-established given the proper program, properly staffed.

Public health and welfare services and both general and specialized voluntary services are providing assistance to handicapped people in four areas of living: psychosocial, educational, vocational, and income maintenance.

Among the public services, the federal government is responsible for the comprehensive program for disabled veterans (DVA) and employment counselling and selective placement through a special department of the National Employment Service. The federal government also shares the cost, with the Province, for vocational training of disabled persons under the Canadian Vocational Training Co-ordination Act.

Provincial programs in the following areas are of special benefit to the disabled. Income maintenance programs include Disabled Persons' Allowances and Blind Persons' Allowances, for persons over eighteen who have resided in Canada at least ten years, are blind or permanently and totally disabled, and qualify under the means test. Other income maintenance programs, all subject to the means test, for which the disabled and/or their families may qualify are: Old Age Assistance, Mothers' and Dependent Children's Allowance, General Welfare Assistance. Vocational training and placement benefits under the Vocational Rehabilitation of Disabled Persons' Act, administered by a branch of the Department of Welfare, are available to the mentally and physically handicapped having one year's residence in Ontario. The Workmen's Compensation Board provides vocational and psychological evaluation. The Alcoholism Research Foundation sponsors a program, open to any resident of Ontario who wishes help with this problem,

for treatment and rehabilitation of alcoholics through clinic facilities. In addition to these existing services, the provincial Department of Health plans to expand services to discharged mental patients.

There are 40 rehabilitation agencies of which 28 are under voluntary and 12 under government auspices. Some of these are general purpose agencies which accept people who are suffering from all kinds of disabilities and make available a range of services either directly or through referral. However, the majority concentrate on a specific disease or disability. The pattern of providing services for particular conditions, not necessarily in relation to the extent or seriousness of the problem, has resulted in an unbalanced network of health services, and an uneven provision of services. That the need for some over-all planning of rehabilitation services has been recognized for some time is evidenced by a succession of Social Planning Council studies dating back over the past ten years.⁽¹⁾

However, it must be recognized that specialized agencies have developed out of the interest of a part of the community in a certain group of disabled people whose needs are being overlooked by the community, sometimes by ignorance or prejudice. A recent example is work with the mentally retarded. Community recognition of the special needs of this group was limited until parents of retarded children developed their own organization. In ten years, this Association has been successful in initiating or inspiring a number of badly needed services on behalf of this group.

Present services for alcoholics, epileptics, mentally retarded adults, drug addicts, and convalescent mental patients appear to be incomplete, and the following services are particularly in need of extension and improvement: specialized residential institutions for short- and long-term care, sheltered workshops, vocational training (in view of the decreasing opportunities for unskilled workers), job placement, nursery schools and day care for retarded children and supportive services to their families.

(1) Social Planning Council of Metropolitan Toronto, Inventory of Rehabilitation Services in Metropolitan Toronto (June, 1960), for a review of Council reports and activity in this field.

CORRECTIONS

The term "corrections" describes the total process by which society attempts to correct the anti-social attitudes or behaviour of the individual. The correctional system includes the police, the courts, probation services, the correctional institutions, and after-care and parole services, nearly all of which are tax-supported institutions and services, administered by the federal or provincial government or by Metropolitan Toronto. Several institutions for juveniles are operated by religious orders and a number of religious and other voluntary agencies and organizations do prison visiting, provide chaplains, and offer a range of rehabilitative services.

The Metropolitan Toronto Police Force, amalgamated from thirteen municipal police forces in 1957, is responsible to a five-man Police Commission, the chairman of which also acts as administrative head. Among the special bureaux within the six police districts is the Youth Bureau created in 1958 to investigate offences involving juveniles. In 1961 there were 6,229 juveniles contacted and 2,094 youthful offenders were referred to court. For 1962 the Bureau anticipated it would be in touch with 8,000 juveniles (many of them in suburban areas), about half of whom would appear in court and the other half would be referred to youth services for help with behaviour problems. Limited community resources for youth service, limited intake policies in some services, and concentration of services in downtown Toronto are factors affecting the work of the Bureau, which also finds a shortage of group living accommodations for teenagers, in many cases a desirable alternative to commitment to a training school.

In Metropolitan Toronto, the Juvenile Court handles offenders up to the age of sixteen; the Family Court deals with adults in matters of domestic relations. In both, hearings are private and less formal, and court decisions are based on social and psychological factors as well as legal facts. Emphasis is on finding causes of deviant behaviour so that offenders may be treated rather than punished.

The disposition of juveniles seen by the Court are: adjournment sine die; placement under Court supervision or supervision of a social agency; placement in a training

school; fine; dismissal or withdrawal. During 1961, a total of 2,799 youngsters appeared before the Court. (See Table 15.) The Court itself assumes no financial responsibility for children whose cases are adjourned under the supervision of any organization other than the Court.

TABLE 15

Appearance and Disposition of Children
Before the Court, Metropolitan Toronto, 1961

Disposition	Number
Dismissed	292
Adjourned sine die	129
Found delinquent	<u>2,378</u>
Total	2,799

Source: Dominion Bureau of Statistics, Judicial Section,
Juvenile Delinquents, (1961)

Magistrates' courts deal with about 95 per cent of criminal cases involving adults. The balance are heard by County Judges Criminal Courts and the Supreme Court of Ontario. Adult courts are open to press and public and procedures are more formal. The emphasis is on whether or not the charge can or cannot be proved on the basis of legal evidence, and the subsequent passing of sentence when the person is found guilty.

Magistrates' courts have heavy dockets, some dealing almost exclusively with chronic petty offenders. In 1960, well over ten thousand sentences of thirty days or less were served in the Don Jail. About half of those serving sentences have been committed for drunkenness, many others for vagrancy; in both categories, there are many repeaters. A reformatory for women reported that of 399 persons committed there by Metropolitan Toronto courts for drunkenness and prostitution in 1959, 173 tested below an I.Q. of 75, and 22 below an I.Q. of 50. Recent studies of chronic petty offenders indicate that they should be treat-

ed through appropriate social services.

The choices of disposition in magistrates' courts are: levy of a fine, suspended sentence, suspended sentence with probation, imprisonment. Whether or not an offender is dealt with as one in need of treatment or one deserving punishment depends on the magistrate's point of view, how pressed he is, and whether or not a pre-sentence report has been requested. For some types of offence the judge has no alternative but to impose a sentence of imprisonment. All sentences of two years or more are served in federal institutions.

Probation services are provided to juveniles by the Metropolitan Corporation under the Juvenile and Family Court Act of Ontario. The present complement of the service is fourteen probation officers and two supervisors. Probation services for adults are rendered by twenty-five probation officers and four supervisors of the Ontario Probation Services. Relatively few persons convicted of indictable offences and heard in magistrates' courts are placed on probation, but use of the method is increasing. Preferred qualifications for probation officers are graduate social work degrees. No accurate study of probation costs as compared to costs for institutionalization has been undertaken to the knowledge of the Social Planning Council. Data on the costs of community services used by the probationer and by the institutionalized person's family would be a necessary part of such a comparison, yet are difficult to identify. A frequently quoted comparison is that institutional costs are about ten times as much as probation, but, pending accurate study, this ratio should be used merely as a general guide that has not been substantiated.

There are ten correctional institutions serving juveniles. The combined accommodation of all training schools and reception-diagnostic centres listed is designed for 1,000 youngsters; yet as of the end of March 1961, there were 1,240 youngsters in residence. Since 1957 the number of children in residence has been above the level for which these institutions were designed. (See Table 16.)

Correctional institutions available for adults include Ontario reformatories, industrial farms, and municipal jails. Although the census of inmates as of March 31, 1961, amounted to 3,411 it should be noted that during the twelve months prior to the census date, a total of 14,191 persons were in custody at one time or other. (See Table 17.) In addition to the Ontario institutions listed above, there

TABLE 16
Correctional Institutions for Juveniles
Ontario, 1961

Institution	Auspices	Total	In residence	On placement
			March 31, 1961	March 31, 1961
Training schools for juveniles				
Bowmanville - boys	Ontario	568	242	326
Cobourg - boys	Ontario	530	215	315
Guelph - boys	Ontario	66	34	32
Galt - girls	Ontario	292	162	130
Port Bolster - girls	Ontario	32	17	15
Uxbridge - boys	R.C. religious order	561	198	363
Alfred - boys	R.C. religious order	281	171	110
Downdview - girls	R.C. religious order	292	177	115
Reception - Diagnostic centre (juvenile)				
Galt - girls	Ontario	36	24	12
Bowmanville - boys	Ontario		(included above)	
Total		2,658	1,240	1,418

Source: Ontario Department of Reform Institutions, Annual Report, 1961, Part 2.

TABLE 17

Correctional Institutions for Adults,
Ontario, 1961

Institutions	No. in custody March 31, 1961	Number of specified staff, March 31, 1961			Per diem costs year ending March 31, 1961
		Psychiatrist	Psychologist	Social worker	
<u>Reformatories</u>					
Guelph	1,000	4	3	2	10.6
Mimico	460	-	3	1	6.5
Brampton	174	-	-	1	7.5
Millbrook	207	2	3	2	15.1
Elliot Lake	19	-	-	-	Opened March 20, 1961
Mercer	137	1	-	1	16.7
Ontario Reformatory for Women	16	-	1	1	13.8
<u>Industrial Farms</u>					
Burwash	827	-	-	-	7.5
Monteith	151	-	-	-	7.3
Rideau	120	-	-	-	8.9
Burtsch	213	-	-	1	7.7
Fort William	87	-	-	-	6.4
Total	3,411	7	11	8	9.2

Source: Ontario Department of Reform Institutions, Annual Report, 1961, Part 1.

are federal institutions (Torontonians, for the most part, go to Kingston) and detention facilities such as that operated by the Juvenile Court, and, in addition, the Don Jail.

The Don Jail, operated by Metropolitan Toronto, is a detention facility for adults, a clearing house, and a jail for those serving short sentences. It accommodates normally 691 persons, but during the 12 months ending March 31, 1961, its average daily population numbered 803 -- an occupancy rate of 116 per cent.

Federal and provincial parole supervision is carried out by the parole and rehabilitation officers of the Department of Reform Institutions and by the following voluntary organizations: John Howard Society (Toronto Branch), Elizabeth Fry Society, Catholic Rehabilitation Service, the Salvation Army and the Church Army (Anglican). The Ontario Probation Services also provides supervision to federal parolees. Qualifications for positions vary. Some agencies employ professional social workers. The Department of Reform Institutions has a minimum educational requirement for parole officers of Grade 13 preferably with one year of experience in an institution or related field.

The Department of Reform Institutions also provides rehabilitative services for persons released from provincial reform institutions. At present there are few graduate social workers on their staff. Voluntary and religious auspices of rehabilitative services in Metropolitan Toronto include: the John Howard Society (Toronto Branch), Elizabeth Fry Society, Catholic Rehabilitation Service, and Church Army (Anglican). Emphases vary, some offering social casework, help in finding employment, living accommodations, leisure time pursuits, and others offering spiritual guidance along with practical assistance.

The Salvation Army offers hostel accommodation to parolees in separate quarters of their Men's Social Service Hostel, to male alcoholics at Harbour Light, to young male probationers at the House of Concord, and to women drug addicts and alcoholics at the Homestead. The Anglican Church Army maintains Beverley Lodge for a few offenders from Ontario reformatories or training schools. Elizabeth Fry Society has a small residence to serve women offenders on release from penal institutions.

Other hostels and residences accept offenders, although they are not planned specifically to serve them. These include the Women's Receiving Home, Men's Social Service Hostel, Rehabilitation Centre (Salvation Army), Fred Victor

Mission (United Church), Seaton House (City of Toronto), and the Working Boys' Home.

Other voluntary services include a Legal Aid Clinic sponsored by the Law Society in co-operation with the York County Law Association, which provides volunteer lawyers. With the co-operation of the Canadian Association of Social Workers and the Social Planning Council, volunteer social workers are available to the Clinic. In addition, there is a suicide bureau, initiated by the Salvation Army to work with police in suicide prevention.

Medical services are provided in all federal and correctional institutions. Two medical officers examine all persons detained at Don Jail upon admission, treatment for vener^eal disease is provided, and a small infirmary maintained.

Initial assessment of offenders needing mental health examination is provided by the magistrates' courts. From here, the person may be remanded to one of three provincial hospitals for observation and treatment; or he may be admitted to the Toronto Psychiatric Hospital where a certain number of beds are set aside for this use. A report of the city Board of Health on Mental Health Facilities points up the difficulty in obtaining beds under this arrangement, stating that, in 1959, a total of 244 persons were examined in Don Jail, while only 75 were remanded to the four hospitals.

The Forensic Clinic, established in 1956 as an out-patient department of Toronto Psychiatric Hospital, provides consultation, diagnostic, and treatment services for adults for the courts and probation services in the Province, particularly in Metropolitan Toronto and adjacent areas.

Offenders under sixteen are examined in the clinic operated by the Juvenile and Family Court. From here, they may be referred to an out-patient department or mental health clinic, or one of four residential treatment centres. Both in-patient and out-patient facilities for juveniles are insufficient to meet needs.

Resources for treatment of alcoholism include: the Alcoholism and Drug Addiction Research Foundation, which has a fifteen-bed in-patient service and an out-patient department; six beds reserved by general hospitals; a special treatment unit of a provincial reformatory which accepts voluntary admissions of offenders as well as those sent by courts; and several voluntary groups, including the Catholic Rehabilitation Service, Salvation Army, and Alcoholics Anonymous.

The provincial reformatory mentioned above also maintains a clinic for drug addicts, and at another reformatory, a clergyman conducts a group program for women addicts. Medical supervision during a period of withdrawal from drugs may be given at the Don Jail.

In-service training for work in the field of corrections is provided by federal and provincial programs, the Metropolitan Police, and some private correctional services. To meet the needs for instruction of officers who have no university qualifications, several relevant organizations are at work on a plan to provide courses for selected staff from the field. At the University of Toronto's School of Social Work, a three-year lectureship in corrections supported by the Junior League has greatly increased content from this field in its courses. Extension courses organized by the University have made some contribution. Little has been offered for judges, magistrates, administrators, or the police through special institutes. Special research, postgraduate study, and organization of summer school or extension courses are needed to develop advanced leadership. A permanent method of financing a Chair of Corrections at the School of Social Work should be found.

Sweeping changes in the federal penal system to support treatment of offenders based on modern knowledge of human motivation and behaviour were recommended in the 1938 report of a Royal Commission (Archambault Report) and confirmed by a 1956 report (Fauteux Report). The latter specified roles of federal, provincial, and municipal authorities in achieving the over-all objectives. Some of the major recommendations of the 1938 report were put into effect following the close of World War II. The others now await action.

RECREATION AND INFORMAL EDUCATION

Both public and voluntary agencies, organizations, or departments provide a great diversity of program in this field. They differ widely as to clientele, function, place and method of operation, and leadership. Some serve primarily certain age groups, i.e. children, youth, the aged; or one of the sexes, e.g. Boy Scouts, Girl Guides; or people of a geographical neighbourhood, e.g. public recreation units, settlements. Other recreation and informal education agencies draw their membership primarily from groups

with specific religious identification, e.g. Young Women's Christian Association, Protestant Youth Council, Young Men's and Young Women's Hebrew Association; however, none exclude persons of other faiths. Many large agencies are affiliated with national and international organizations.

Most of these agencies, organizations, and departments have in common the intent to provide constructive leisure-time activities. Beyond this, their purposes and aims are greatly varied: to provide recreation, to develop character and citizenship, to aid in solution of social problems through leisure-time activities, to offer a membership experience, or some combination of these.

All public and voluntary sponsored programs in the recreation and informal education field use both volunteer and paid professional leadership, with two agencies relying completely on volunteers for direct service to their clientele. Orientation and training programs are provided for volunteers by paid leaders in all agencies, and in most cases supervision and consultation are also available to volunteers, though the quality and consistency of these services vary according to the standard of paid leadership in the particular agency. Employment of special personnel for program activities such as physical education, arts and crafts, music and drama, is common practice. The function as seen by the agency, organization, or department correlates with the training or education required for professional leadership, e.g. training in recreation, physical education, social work, or in an agency's own program.

Some agencies, organizations, and departments own their operating facilities; others rent or borrow program space. An emerging pattern is the use of publicly owned school facilities for recreation. This means effective community use of resources that formerly lay idle weekends and evenings, and at the same time minimizes the need for duplicate expenditure. Wider use of and increased demand for public park and recreation facilities are reported.

Interest in camping has increased. Resident camps are sponsored by nearly all private recreation and informal education agencies, and are now being used by many treatment-oriented agencies. Day camps are being used as summer extensions of agency service. Camps are being operated under auspices of churches, ethnic groups, and commercially. A study of agency camps,⁽¹⁾ conducted by the Social Planning

(1) Social Planning Council of Metropolitan Toronto,
Agency Camping in Metropolitan Toronto - A Study of 22
Agency Camps, (1959)

Council, has indicated need for standards of fees, services, facilities, and personnel in this field.

There is increased awareness of the relationship between social needs and leisure. Recreation and informal education agencies are giving increased attention to services which can aid in maintaining family strengths; serve "hard-to-reach" youth, the aged, the handicapped, immigrants with adjustment problems. A large number of agencies, such as those for the handicapped, or for ethnic groups, promote recreation programs as a secondary function.

Shortage of personnel is a universal concern. Private agencies are using the University of Toronto Extension course, sponsored by the Social Planning Council and the School of Social Work; public agencies use the University of Western Ontario Extension course for recreation directors.

At present, there is very uneven distribution of program opportunities in the metropolitan area. Although total resources are rich and extensive, the range among communities and neighbourhoods is from an abundance down to almost nothing. Many agencies are eager to expand their services into new areas, but existing planning patterns need revision so that new or expanded services can be given in relation to the services needed and the best resources to meet these needs.

RELATIONSHIPS AMONG SERVICES⁽¹⁾

The profusion of health and welfare services in Metropolitan Toronto, as in other large urban centres, raises obvious questions as to effectiveness in meeting need. Services must be related to one another to prevent duplicating the same service to the same person, and also to provide effective co-ordination when one person requires several services.

A special inquiry into the extent to which persons do use more than one agency, and into the extent of inter-agency contacts, was undertaken as part of the Needs and Resources Study. The entire survey report may be found in Appendix F. It is important, in this general review of the

(1) This section is a summary of The Multi-Use Study which was undertaken as part of the Needs and Resources Study. For the full report see Appendix E.

services in Metropolitan Toronto, to highlight some of the survey findings.

Most families (two-thirds) use the services of only one health or welfare agency at any given time. This suggests that duplication in the sense referred to above does not exist, despite the profusion of services. However, one-third were using the services of two or more agencies. What is significant, however, is that a negligible number of these families (less than one per cent) were receiving the same types of services from one or more agencies. In only one area of service, the provision of financial or material aid, was there found a possibility of duplication of services. The multitude of services which now exists, therefore, represents specialized agencies providing different types of services to meet different needs of an individual or a family — not duplication of service provided.

Another type of duplication, however, does seem to exist. The Study suggests a duplication of professional services at a point of intake when two or more agencies, serving the same family, do duplicate the detailed inquiry into the family background in order to deal with one part of the family's total problem. This raises, on the one hand, the question of co-ordinated intake and, on the other, the question of collaboration between agencies.

There was no inter-agency contact for almost two-fifths of the cases served by three or more organizations during a period of six months. Families served by three or more organizations were assumed to be "multi-problem" families — and this appears justified in terms of their residence pattern, social characteristics and problem situations.

The present services being used by families, and the extent to which agencies collaborate in providing these services, related directly to the structuring of services in the metropolitan area. The 'Best' Pattern of Direct Service is the first subject of the General Committee's report which follows.

CHAPTER II
' BEST ' PATTERN OF
DIRECT SERVICE

INTRODUCTION

The submissions of 118 groups to the Needs and Resources Committee showed a deep concern for the needs of people in Metropolitan Toronto. Most expressed willingness, if desirable, to change the purpose of their agency; to consider readjustment among agencies; or to co-ordinate services in various fields. Many agencies, both government and voluntary, outlined plans for expansion of services and the introduction of new services. There was a willingness to curtail or modify existing work, if there were other demands. Several municipal departments of welfare and of health expressed the need for a realignment of services and a clear division of responsibility between government and voluntary agencies.

Substantial information was provided as to the inability of the existing organizations, because of lack of funds and staff, to meet the needs of those applying to them for help. It was emphasized that there must be co-ordinated effort and new approaches made to let people know what services are available and where they are located.

The same problems requiring community attention were mentioned in many of the submissions, and the description and the estimate of the extent of the problems were similar. This confirms the view of the Committee that the community welfare, health, and recreation organizations, both government and voluntary, are quite aware of the changing nature of the human problems with which the Committee deals.

Role of the Voluntary Agency and the Government

The Committee was asked to recommend how, within the limits of present and potential resources, the future structure of welfare, health, and recreation services could meet current and future needs in the most efficient and humane manner. Throughout the Study, the importance

of good quality of service in both government and voluntary organizations, and the importance of preserving the role of the volunteer in this field were recognized. Attempts were made to consider what should be the respective responsibilities of the government and the voluntary agencies.

According to some delegates who attended the workshops, the most economical and efficient way to provide community services is to turn them all over to government. Others thought that voluntary agencies should continue to give service, but that the funds should be collected by government and allocated in much the same way as the United Community Fund distributes money to its member agencies. The Committee is not presenting any single formula, believing that the decision as to which falls into each category will vary from time to time and from place to place.

Over the years, for the sake of expediency, work has been accepted by the agencies without any coherent philosophy or plan as to division of responsibilities. Some services now rendered by voluntary agencies should be both financed and administered by government. Others should be financed by government, in whole or in part, and administered by voluntary groups. Some should remain a joint responsibility for financing and giving of services, while others should be provided entirely by voluntary agencies. The decision of which fall into each category will vary from time to time and from place to place. Local people must make their own decisions, according to the wishes and conditions of their own community.

It is apparent that, regardless of an exact definition of their respective responsibilities, the government and voluntary agencies should meet the needs of the people. To judge from the material submitted, both lack the money and staff to do this well. Only through joint planning and collaboration can they hope to meet the extent of the need. The Committee is concerned that, in any rearrangement of work, the importance of the voluntary effort be safeguarded and developed to an even greater extent than at present.

Services Under Religious and Cultural Auspices

Traditionally the Christian churches and the Jewish community have played a leading part in the care of the needy. Jews and Christians alike have accepted the principle of responsibility and concern for the physical and social well-being of others, as well as for spiritual needs. The provision of voluntary community services has, therefore, been deeply rooted in the spiritual and cultural values of these groups.

In the welfare and health field, the terms "sectarian" and "non-sectarian" have been used inaccurately to distinguish between agencies under religious auspices (sectarian) and agencies under non-religious auspices (non-sectarian). The word "non-sectarian" also has been used inaccurately to describe any agency which does not make race, nationality, or religion a condition of service. This misuse of the phrase "non-sectarian" has caused confusion in many discussions of services rendered under religious or cultural auspices. The history of the services which have been miscalled "sectarian" also adds to the confusion. Some organizations under religious or cultural auspices originally served only members of their own group but few organizations now restrict services in this way. Some always have made their services available to anyone, while others have broadened their intake policies over the years. There are also those who have changed their policy of service and have changed from religious to general community sponsorship.

Some religious leaders feel that, with the growth of general community services and increased government services, the responsibilities and opportunities of the religious groups to discharge their traditional duties will be reduced, and the religious influence in the provision of the community services will be lessened. The providers of services see themselves discharging a responsibility to God and their neighbour while the recipients may be more interested in their immediate needs than in the auspices under which the services are rendered. There are also a growing number of persons in the community who do not really belong to any religious or cultural group. They may be only nominal members of a church or of no particular religious persuasion. Others would prefer to be served by an organization outside their own religious or cultural group.

Religious and cultural groups have basic differences about their function in the welfare field. Historically, the Roman Catholic community has held the position that most welfare services, particularly in regard to dependent children, marriage counselling, services to the seriously ill and to those in conflict with the law, should be closely related to the church, in order to ensure that the spiritual guidance required for the support or rehabilitation of these people be readily available. Likewise, the Jewish community has felt that the unique problems of the Jewish people should be under the care of organizations

that understand their cultural background. Other cultural and religious groups have similar opinions. On the other hand, many religious and cultural groups in the community consider that services, with few exceptions, can and should be rendered to persons regardless of race or creed through agencies not associated with either cultural or religious organizations.

All these considerations having been taken into account, the Committee believes *it is important to protect the right and opportunity of the various religious and cultural groups to provide welfare services of acceptable quality to those who find such services more welcome than if given by general community agencies.*

Because of the growing gap between needs and resources, and the urgent and immediate need for the provision of some of the basic services to families and youth in the outlying districts, the Committee suggests *that major expansion of services at this particular time should be under the auspices of community agencies whose boards of directors are representative of major religious and other interest groups in the community.* The Committee further suggests *that any community welfare service should establish effective referral procedures and working arrangements with the various cultural and religious communities to ensure that persons seeking help have religious counselling when this is needed and desired.* Although the expansion of existing services through the setting up of branches is not recommended at this time, these organizations may feel there is a need to increase services to their own groups or limit services only to their own members.

The Specialized Agency

Over the past few years, highly specialized services have developed in Metropolitan Toronto. Some have arisen to complement the work of the more generalized agencies which separately could not afford the skilled people required for the new work. Examples are the mental health clinics and hospitals, institutions for disturbed children, vocational counselling services, and sheltered workshops. Others were begun in order to get support for work with special groups who had been given insufficient attention. Some organizations probably succeeded better in achieving financial support and community understanding for the new departure than would a more general agency by simply setting up a new department. Examples are to be found mostly in the fields of mental and physical health. An outstanding one is

the service to retarded children.

Another group of specialized agencies developed because the scope of the problem was large enough to command the attention of a single agency offering a variety of services. Examples of these agencies are found in services to the blind, to persons suffering from rheumatism and arthritis, and to those with diabetes and heart disease.

PUBLIC ASSISTANCE

Public assistance is provided by federal, provincial and municipal governments. The municipality of Metropolitan Toronto has a Department of Welfare and Housing and each local municipality operates its own departments of welfare and of health. This has created problems such as variations in the level and standards of assistance, and unnecessary duplication of screening for eligibility. It would be most advantageous to co-ordinate the public assistance programs of all levels of government.

Legislation

There is general agreement that the basic requirements for the maintenance of health and well-being are a responsibility of government. This includes housing, food, shelter, medical care; and security in the event of unemployment, sickness, disability, widowhood, and old age. The extensive and rapid development in Canada of income maintenance programs and health and welfare services under government auspices during the past fifty years demonstrates the acceptance of this responsibility. These services include maintenance of the aged, the sick, the disabled, and dependent children. Also there has been acceptance of the principle of public responsibility for the needy unemployed, who will average from 2 to 4 per cent of the labour force even in periods of "full" employment. In this group are the long-term unemployed, defeated and discouraged; the borderline emotionally disturbed; the retarded and the handicapped; persons lacking education and vocational skills; and older workers.

The voluntary and governmental welfare and health programs are doing much to work with these people and so reduce the number requiring public assistance. Much more of a comprehensive preventive and rehabilitative character

needs to be done in many fields of service. The Canadian Welfare Council, in its policy statement on social security, includes recommendations regarding contributory programs such as Unemployment Insurance; universal programs such as Old Age Security and Family Allowances, where payments are at a flat rate without either a means test or record of contributions; and public assistance programs such as Disabled Persons' Allowances, in which payments are determined by the resources and need of the applicant¹. While all of these are important and should be given attention, the Needs and Resources Committee makes reference only to recommendations concerning public assistance.

Public assistance to the unemployed and unemployable is provided under provincial legislation and administered locally. The costs are shared by the federal, provincial, and municipal governments. In the policy statement of the Canadian Welfare Council, the basic considerations for a public assistance program include "maintaining a high level of employment, employment policies that encourage the hiring of people of mature years, retirement measures that will allow people to work beyond the usual retirement age, vocational guidance and training, and the rehabilitation of the disabled." The statement also points out that "one of the objectives of a public assistance program, as of all social welfare measures, should be to enable people to live as normal lives as possible." Therefore, the statement, in substance, recommends recognition of such related services that may assist those in receipt of assistance to be rehabilitated. In effect it also recommends sufficient assistance to maintain health and self-respect with extra payments for special circumstances such as physical disability or special family need. The argument throughout is that the restoration of the person in receipt of assistance to as normal a life as possible is not only in the best interests of the person but of the community as well.

The Multi-Use Study conducted as part of this Needs and Resources Study, gives some indication of the importance of these basic policies. That study showed that there was duplication of effort in the provision of material assistance. The Committee recognizes that it is appropriate for a voluntary agency to give material assistance in

(1) Canadian Welfare Council, Social Security for Canada (1958)

emergency situations but public assistance should be sufficient to meet basic requirements. Supplementation by a voluntary agency is wasteful in terms of time and effort. Also, it is damaging for families to have to go to more than one agency in order to meet their financial requirements. The Multi-Use Study showed that among the 400 cases in which two organizations were used, the combination of public welfare with a counselling service occurred most frequently. Casework service, counselling on budgeting and management, could help families to make maximum use of the assistance provided and would do much to eliminate the need for other agencies to become involved with families served by public departments.

The Committee, therefore makes the following recommendations:

1. *That the operation of all public assistance programs be based on sound and clearly defined standards with respect to the amount of assistance, at a level consistent with health and decency, and adequate provision for qualified staff to administer the programs, and to provide case work and counselling services.*(1)
2. *That General Welfare Assistance be extended to provide financial supplementation to families whose maximum earning capacities taken with other resources chronically fall short of their requirements in order to bring their income up to the level of public assistance.*

It is recognized that adequate minimum wage legislation is important to such a provision.

Integration of Services

Considerable attention was given throughout this Study to the question of integration of all the public welfare departments as well as integration of all the public health departments in Metropolitan Toronto. There was no unanimity on this matter although a majority of those making submissions and attending workshops were in favour of some type of integration. The Committee recognizes that the

(1) See Recommendation 113, Chapter IV regarding sources of additional funds required.

question of integration of public services is a highly controversial and a political issue but wishes to emphasize that the meeting of human needs by making the best use of our resources is the concern of the Needs and Resources Study.

In Metropolitan Toronto, there are thirteen local municipalities, each responsible for determining the scope of the services available to people within their respective municipal boundaries. Some of the services are required by provincial legislation. However, the interpretation of such legislation and the administration of these programs varies from municipality to municipality and there are great differences in standards of service and the services available. Other important services are possible under permissive legislation and the policy of the individual municipal council determines whether the services will be made available. This distinction between permissive and mandatory services and the different interpretations of legislation create inequalities in the provision of services. The municipality one lives in, or the municipality one moves to, is of serious consequence.

It is the view of this Committee that provincial legislation in the fields of welfare, health and recreation, if fully implemented could result in effective programs. The problem arises when municipalities choose not to implement the legislation or where they do not provide sufficient staff and training of staff to enable them to give service of the high standard and broad coverage which the legislation envisaged. Many necessary programs and services, which could be financed through taxation if the municipalities would implement the legislation, have been limited.

The Committee is aware that services in the welfare, health and recreation fields must be administered in such a way as to keep the government sensitive to the changing needs of the people in the community. Many of the municipalities, having developed a very close working relationship with volunteer groups fear that with integration of welfare services under one administration there would be a tendency for services to become less personal, for the local citizens to have less interest, and for the volunteer endeavour to become diluted. Others fear that standards will be brought down to the lowest level rather than raised to the highest level. It is the view of the Committee that none of these things need necessarily happen if the administrative organization is flexible, good standards are maintained, and the local community is kept close to the development of the services.

As pointed out in a recent Metropolitan Toronto Report¹, per capita welfare costs in 1961 for City of Toronto services amounted to \$17.44 representing a net cost to the City of \$5.89 per capita. In contrast, comparable per capita costs for suburban municipalities amounted to \$2.22 and \$0.69 respectively. The result of the wide variation among area municipalities in services provided under both mandatory and optional legislation is that the voluntary organizations in some instances are carrying an unfair burden for financial assistance. In addition they are carrying a larger proportion of the cost of other services such as nursing and homemaker services than would be necessary if the legislation were implemented.

The Metropolitan Corporation and the Province of Ontario have discussed the integration of mandatory welfare services. The Committee fully supports the need for such integration. However, this is only part of the solution in achieving more uniform and satisfactory services throughout the entire area. All welfare services, whether mandatory or permissive should be organized through some type of central administration. Many of the services which are optional are indispensable to a well-balanced program of health and welfare. It is wrong that a family living on one side of the street should be entitled to visiting homemakers, nursing services, day nurseries and supplementary old age assistance, while a family in equal or greater need, living on the other side of the street, is not entitled to these services.

The Committee, therefore, recommends:

3. That the Provincial Government take steps to work out a system of integration of both the health services and the welfare services within the metropolitan area which will ensure more uniform and equitable standards of services and coverage for all who live within the boundaries of Metropolitan Toronto and which will be set up in such a way as to provide for flexible administration, to ensure a sensitive but efficient administration of these services.

(1) Municipality of Metropolitan Toronto, Report on the Assumption of Basic Welfare Costs by the Municipality of Metropolitan Toronto, prepared for the Welfare and Housing Committee by R.J. Smith, Commissioner (1960).

FAMILY WELFARE SERVICES

There are a number of community and church sponsored agencies as well as government sponsored programs which provide a variety of services to individuals and families. Part 1 of this report gives a summary of these services. This section refers only to those family service agencies providing social casework as a major function. The primary purpose of these family agencies is to strengthen family life by preventing and remedying problems within the family. These organizations are staffed by professional caseworkers who are trained to diagnose family and individual problems and to offer treatment through professional counselling.

Family welfare agencies deal with a wide range of family problems such as economic difficulties, individual personality adjustment, employment, housing, and illness. However, the major problems are those of family relationships and marital and parent-child problems. These services are one of the community's first lines of defence against family breakdown. The incidence of serious and costly social problems, such as divorce, mental breakdown, separation of children from parents, unemployment, and delinquency can be reduced by good social casework services to families in trouble.

Family life education, a more recent development in Toronto, is an important preventive service which can be offered by the family welfare agencies. One agency has developed this service. Several other agencies which have indicated a desire to include this service as part of their program have been unable to, because of limited resources, finances, and staff.

Location of Family Service Centres

The four family welfare agencies in Metropolitan Toronto offering social casework services by professional social workers are the Catholic Family Services, the Jewish Family and Child Service, the Family Service Association, and the North York and Weston Family Service Centre. Two agencies, the Catholic Family Services and the Jewish Family and Child Service, provide a variety of services to families, youth, single adults, the aged and children. They serve members of their own communities throughout the

total metropolitan area from a central location in the City of Toronto. The Family Service Association and the North York and Weston Family Service Centre have not developed these specialized services for old people, youth and children although they offer limited services in these fields.

The Family Service Association is administered from a central location in the City of Toronto. The agency has six branches in the inner area of Metropolitan Toronto, one in Scarborough, one in Lakeshore, and a recently established outpost in Rexdale. The North York and Weston Family Service Centre serves those municipalities from an office in North York and a branch in Weston.

The Jewish agency is located in an area of the City that, at one time, was predominantly Jewish. Now, however, four-fifths of the Jewish population lives outside the City of Toronto, most of whom are in the three suburbs of Forest Hill, North York and York Township. The largest number live in North York.

The situation of the Catholic Family Services is quite different, for the highest proportion of Catholics live in the City of Toronto. Too, within the City are areas with large concentrations of Catholics. This reflects the tendency of families who are newcomers to Canada, many from predominately Catholic countries, to live in the same area.

In the "inner ring" suburbs and the City of Toronto, covering an area of approximately 58 square miles, there are nine family service centres. In contrast, the Lakeshore municipalities and Etobicoke, Scarborough, and North York, covering an area of approximately 183 square miles and with about 247,000 fewer people, have only three family centres.

In Metropolitan Toronto there has been a disposition to associate the need for family welfare services with the needs of the unemployed and other low income "downtown" residents, and to feel that families in the suburbs do not need the same kinds of services. This attitude reflects two major misconceptions, one with respect to the economic status and problems of people living beyond the city limits, and the other, regarding the function of family service agencies. As for the first misconception, it should be noted that low income families are not confined to the City. Many families in the suburbs are suffering financial hardships. The function of family service agencies has shifted, with the development of public assistance programs, from the provision of financial aid as a primary service to professional counselling as a primary service. Financial

assistance is still a part of their programs, however it is largely short-term emergency help or aid for those who do not qualify for government aid. Their primary focus, instead, is counselling regarding personal adjustment, marital and other types of problems of a socio-psychological nature.

Family service centres located in the suburbs have experienced marked demands for services and consistent increases in numbers served. This suggests that these centres are being used because of their accessibility and because people are gaining a better understanding of them. A Chicago report gives evidence that families served by family service agencies tend to live reasonably near the agencies.¹

Decentralization of Family Services

The problem of lack of services in the suburban areas, particularly family, youth counselling, protection and day care services, recurred more frequently in agency submissions than any other. Spot maps of the services show clearly that population growth, along with the complex problems of a highly urbanized area, out-stripped the capacity of the voluntary agencies to serve the entire metropolitan area.² Since the suburbs, particularly the outer suburbs, are largely settled by families with children, expansion and decentralization of these services in the suburban areas is a major issue in this Study.

In planning for decentralization of services, there would be distinct advantages if several agencies, government and voluntary, were to locate in one centre. This could effect savings in overhead and would achieve improved consultation between agencies working with the same families, a need which was noted in a number of submissions. Where public health, public welfare, and voluntary social agencies have located in one centre in the past, a greater degree of understanding and inter-agency co-operation resulted. Experience has shown that, in areas such as Scarborough and Etobicoke, where welfare and health departments are now housed in the same building, there are closer

(1) Welfare Council of Metropolitan Chicago, Statistics (March-April 1958)

(2) Folder enclosed inside back cover.

working relationships.

As emphasized in the introduction to this chapter, services under religious and cultural auspices have important values for many people and should be protected. Although such agencies face difficulties in providing total coverage from a central location, establishment of branches throughout Metropolitan Toronto would be impractical because of the operating costs involved, combined with the problems of recruitment and use of professionally trained social workers. The recommendations that follow reflect this viewpoint but they must be understood as not limiting these agencies from normal expansion within their capacity and their establishment at locations which will enable them to better serve families seeking their help.

It was further emphasized in the introduction that specialized agencies have made a valuable contribution in providing direct service to special groups in the community. However the proliferation of specialized agencies in Metropolitan Toronto, without a sound basis for such specialization has created many problems. Agencies are inevitably drawn beyond the limits of their specialized function because it is not possible to work with one problem or one part of a family problem apart from the total situation. For example, health problems cannot be treated without taking into account the social problems in the situation. Although shelter is a basic need, housing authorities have learned that every problem cannot be resolved merely by relocating families in decent housing. Child welfare agencies seek to prevent separation of children from their homes and also to rehabilitate families so that the children may remain or be returned to their own homes. Youth counselling agencies are involved with families because usually it is not possible to meet the problems of adolescents quite apart from the total family situation. Frequently problems of the aged also are those of relationships with families.

The variety of specialized agencies makes it hard for people to know where to go for help and for social workers to know which would be the best agency to provide the needed service.

In addition, specialization often means a central location which makes the provision of comparable services throughout the metropolitan area difficult. It is not possible to give adequate coverage to an area of 240 square miles from a central location. As described in Chapter I, Catholic and Jewish family agencies provide a variety of services to

children, adolescents and old people. Many of these services are provided by the Big Brother Movement, the Big Sister Association and the Protestant Children's Homes as well as the other family agencies. The submissions indicated that to service the needs of families and youth in outlying areas, family and youth counselling agencies would have to establish a number of branch offices.

The Committee believes there would be a number of advantages in development of these services in family welfare agencies. Service offered to adolescents would be more effective if it were co-ordinated with work with parents. If family agencies were to develop a foster home program there would be less need to make referrals and problems in inter-agency communication and collaboration would be reduced. Experience also has shown that agencies which are well known in the community are often more successful in recruiting foster homes. Substantial increases in financial support to enable family casework agencies to acquire and train staff to provide these additional services will be required but this would eliminate the need to decentralize specialized services which would be even more costly.

The proposals for reorganization are intended to achieve greater coverage of services throughout the metropolitan area; to provide for a greater degree of co-ordination of services to families; and to make more effective use of workers' time. Location by district makes it possible to provide accessible service, to obtain local community interest, and to form or maintain units of an economic size.

On the basis of the above considerations, the Committee recommends:

4. *That the Social Planning Council, in collaboration with the United Community Fund, the Council of Catholic Charities, the United Jewish Welfare Fund, the Jewish Family and Child Service, the Family Service Association, the North York and Weston Family Service Centre, the Big Brother Movement, the Big Sister Association, and the Protestant Children's Homes and other knowledgeable and interested citizens, establish a committee which will form the nucleus of a board for a new family agency to serve the suburban areas.*

5. That the services of the new family agency be available to all families, youth, children and old people in the outer area of Metropolitan Toronto, the geographic boundaries to be decided in consultation with existing organizations and the Social Planning Council.

The recommendations that follow represent the view of a majority of the Committee. However, a number of Committee members consider that instead of creating a completely new agency as recommended above, the existing Family Service Association should be reorganized and become the agency to provide the recommended services.

6. That the North York and Weston Family Service Centre and the Lakeshore-Etobicoke, Scarborough, and Rexdale branches of the Family Service Association be encouraged to become part of the new agency; and that their programs be expanded to include foster home care and services to adolescents and old people.
7. That the central board be responsible for establishing policy and standards of service, and determining the location of branches as the need arises.
8. That every branch of this community agency have a local board representative of major religious and other interests in the community with responsibility for carrying out centrally determined policies and standards, and keeping the central board informed of needs and developments in their local communities through representation on the central board.
9. That the Family Service Association continue to serve the inner area of Metropolitan Toronto and expand its work to include more casework service to adolescents and old people.
10. That all family agencies establish procedures which will facilitate referrals of those clients who wish to be served by an agency of their own religious or cultural group.

In view of the urgent need to expand and decentralize services to youth, the Committee also recommends:

11. That family agencies give special attention to developing effective referral methods with organizations who come in contact with young people needing help, such as the schools, the Juvenile and Family Court, the Youth Bureau of the Metropolitan Police Department and other organizations.
12. That the Big Brother Movement concentrate exclusively on recruiting Big Brothers for boys needing the friendship of a mature and sympathetic man. Their services would provide an important resource to family welfare and other agencies.
13. That the Big Sister Association Board and the Big Sister Circles concentrate exclusively on developing projects to meet special needs of teenage girls, such as group homes and residences for adolescent girls who need to be away from their own families, bursaries for special education or training not provided through other resources.⁽¹⁾
14. That the Social Planning Council set up a committee with representatives of the Family Service Association, the Big Brother Movement, the Big Sister Association and the United Community Fund to plan the successive stages in transferring the counselling services now provided by the Big Brother Movement and the Big Sister Association to family agencies, to ensure that there is no interruption in services, and these steps precede the actual transfer of the counselling services provided by these agencies.

(1) The urgent need for accommodation with some supervision and casework service for young people living away from their own families has been stated in this Study, and in the studies by the Social Planning Council of Metropolitan Toronto on Living Accommodation for Youth (1957), and Children's Institutions in Metropolitan Toronto (1960).

15. That the knowledge and experience of the Boards and staffs of the Big Brother Movement and the Big Sister Association be used to full advantage in the development of services to adolescents in family agencies.

In accordance with the view of the Committee that a service under religious auspices should be available to those who desire it, the Committee recommends:

16. That the Catholic Family Services, the Jewish Family and Child Service and the Protestant Children's Homes continue to serve children requiring care away from their own homes; that these agencies develop, in addition to their foster home program, group homes and family day care services in line with the recommendations set forth in the study of Children's Institutions in Metropolitan Toronto;⁽¹⁾ their services to be used as a resource to child guidance and mental health clinics, the Juvenile and Family Court, and the Family Service Association.

In order to achieve comparable standards of service throughout the total community and more effective collaboration, the Committee also recommends:

17. That family agencies create appropriate machinery for collaboration on matters of mutual concern, such as standards of service, programs for staff development and staff recruitment.
18. That the Social Planning Council in collaboration with appropriate social agencies explore with municipalities and the Metropolitan Corporation, appropriate locations for the establishment of one or more Health and Welfare Centres, in which the local health and welfare departments, and other social agencies such as a family agency, homemaker service, a branch of the Juvenile and Family Court, can be lodged.

(1) Social Planning Council of Metropolitan Toronto,
Children's Institutions in Metropolitan Toronto (May 1960),
Chapter VI. pp. 138, 140, 141.

19. That approaches be made to the senior levels of government to assist municipalities in the acquisition of land and the establishment of the Health and Welfare Centre.

Families with Many Problems

An area of increasing concern to family welfare and other agencies is work with families with long histories of dependency. This problem was identified and highlighted as especially urgent in many submissions to the Study. These families are described as "hard to reach" in that they seek help only in times of crises and have not been amenable to the traditional casework approach. The submissions urged that more effective collaboration between agencies and a co-ordinated community approach is needed to help these families.

The findings of the Multi-Use Study referred to earlier substantiate the reports of the agencies. The group of families who were known to three or more organizations (less than 10 per cent of the study cases) had low incomes and many of the family heads were unemployed. They were located mainly in the old downtown area of the City, and a substantial proportion had been known to agencies for at least five years. Each was receiving a variety of service, but still had a number of unmet needs. The needs mentioned most frequently were vocational retraining, vocational guidance, psychiatric help and rehousing. The report states: "We believe that the results of this study reinforce the present demand for more effective methods of working with this group of families."

The Committee therefore recommends:

20. That because of the need for vigorous efforts to find new and better methods of dealing with hard-core, multi-problem families, the Social Planning Council Board give support to any responsible project which will assist in dealing with this long-standing and costly problem.(1)

(1) During the course of the Study, the Social Planning Council approved a proposal for the establishment of a multi-problem family pilot project.

21. *That any project be contingent upon securing full co-operation among welfare, health, and recreation services and the full co-operation and support of public welfare and public health organizations.*
22. *That foundation funds be sought to finance such a project and full advantage be taken of federal welfare training and research grants in order to secure the financial backing to staff this project and carry out the necessary research.*

YOUTH SERVICES

Some services and programs mentioned in this section are offered by organizations which usually are referred to as recreation agencies. The group programs in these organizations are not included in this section but are covered in the section on recreation. Recommendations regarding casework services for young people with problems at home, school or employment have been made in the preceding section.

General

In the ten years between the census, the most marked changes in population occurred in the 5-9 and 10-14 years age groups. In 1961 there were almost 280,000 children in these age groups, which was more than double the number in 1951. By 1966, older children and teenagers will account for one out of every four persons in Metropolitan Toronto. Children and adolescents are about one and one half times more numerous in the outer suburbs than in the City. The suburbs are expected to have continually larger numbers in the years ahead. The rapid growth in the teenage population and the increase in social and emotional problems as shown by the figures on juvenile delinquency and the numbers of teenage unmarried parents, indicate that youth services should be given high priority.

While statistics on delinquency have many limitations, it should be noted that from 1960 to 1962 the number of offenders apprehended by the Youth Bureau increased from 4,229 to 6,314, an increase of about 50 per cent. Of the 6,314 children apprehended in 1962, 3,738 were brought to

the Juvenile Court. Direct referral from the police to community agencies was made in only twenty-eight instances. If there were enough social agencies serving youth many of the children brought before the Court could be referred to the agencies for help. However, many agencies indicated that traditional programs as well as waiting lists made it difficult for them to serve these children effectively. In suburban areas the lack of services is particularly acute.

Statistics of the two Children's Aid Societies reveal marked increases in the number of teenage unmarried parents. There has been recent community-wide concern about the increase in teenage prostitution.⁽¹⁾ The report of the Social Planning Council on School Drop-Outs points out that social and emotional problems are significant factors, along with academic problems, in youngsters dropping out of school.⁽²⁾ In view of the overwhelming evidence, there is need for aggressive, co-ordinated community action. The Committee, therefore endorses the recommendation in the Drop-Out Report:

23. *That facilities for guidance and counselling should be expanded through schools, the National Employment Service, and other community agencies.*

The needed services identified most frequently in the submissions were expansion of casework services, particularly in the suburban areas; expansion of educational and vocational counselling and psychiatric services throughout the metropolitan area; group homes, hostels, supervised residences and other types of supervised living accommodation;³ and a co-ordinated program to help those young people who are not being reached by the existing organizations.

Counselling Services

- (a) School Guidance programs, concerned mainly with assisting students in educational planning, vocational selection and preparation, have been established by some Boards

(1) The Mayor of Toronto established a Citizens' Committee for the Investigation of Narcotic Addiction and Vice in Metropolitan Toronto. The Social Planning Council has outlined a proposal for a study of prostitution.

(2) Social Planning Council of Metropolitan Toronto, A Report on School Drop-Outs (October 1961)

(3) See Recommendation 13 in regard to the Big Sister Association in previous section of this chapter.

of Education. Usually counselling in relation to social problems is not part of the program, although in some areas the schools give psychological assessment and/or some help with emotional problems. More often children with serious problems may be referred to other community services. But the limited focus of many of these programs and the limited number of available qualified personnel means that treatment is sought only when problems become acute. In addition, most of the child guidance clinics and social agencies have long waiting lists.

No organization in the community is in daily contact with as many children as the schools. It is often in the area of school achievement that the symptoms of underlying disturbance appear. This gives the school a unique responsibility in early detection of troubled children and in referral to appropriate community resources.

The Committee, therefore, recommends:

24. *That all Boards of Education in Metropolitan Toronto give consideration to the establishment of a co-ordinated department of school social services, with social workers and psychologists on staff. The function of this department would be to work with children and families around education and behaviour problems and to assess situations where referral should be made to other community organizations.*

(b) Employment Counselling is available through three units of the National Employment Service, namely, the General Employment Service, the Professional and Executive Division, and the Special Placements Division. The Special Placements Division offers aptitude and interest testing as part of its employment counselling for persons having special problems because of age or difficulties of a physical, mental, emotional, social or cultural nature. It has been suggested that the National Employment Service would be more effective if it were separated from the Unemployment Insurance Commission and if branch offices were established close to district welfare offices.

The Committee, therefore, recommends:

25. *That the National Employment Service consider decentralizing its special services for youth in order that they will be more readily accessible to youth; and that wherever possible, branch offices be located in health and welfare centres.*

(c) Vocational counselling is provided by three voluntary organizations: the Jewish Vocational Service, Young Men's Christian Association, and Young Women's Christian Association. In these agencies, counsellors trained in psychology assess a person's potential in relation to employment opportunities; and assist him to develop realistic educational or vocational goals. This service differs from employment counselling where the objective is placement in a specific job. The National Employment Service may refer individuals to a voluntary agency for further assessment.

Since work for the unskilled and poorly educated is becoming more and more scarce, school guidance and vocational counselling programs are becoming increasingly important. The demand for counselling has resulted in three to six month waiting lists at agencies providing this service. The major problems are the lack of personnel trained in educational and vocational counselling and the very limited training facilities in Canada. There are very few trained vocational counsellors serving Metropolitan Toronto.

The Committee, therefore, recommends:

26. *That the National Employment Service develop a vocational counselling service in its Special Placement Division.*
27. *That the Social Planning Council, in co-operation with Boards of Education, the National Employment Service, and organizations providing vocational counselling services, explore with the University of Toronto and York University the establishment of courses at the graduate level for training vocational counsellors.*

"Hard-to-reach" Youth

Special concern was expressed in most agency submissions about the non-conforming, "hard-to-reach" youth. They are youngsters who manifest their delinquency by erratic destructive behaviour and who cannot fit into the programs for "normal" teenagers. Only a small minority ever get to a social agency. Those who have tried to work with these young people have found that they have very serious problems. Many come from broken homes or homes where parents are so inadequate they have been unable to give them physical or emotional nurture. They have only a superficial, minimal attachment to family and friends. Unsuccessful in school, they usually mark time until they are able to leave. Many have health and dental problems, but cannot be motivated

sufficiently to get treatment. In short, all their experiences have made them insecure, distrustful, and lacking in initiative and motivation. They constitute a large portion of the school drop-outs, the unskilled, the unemployed, the delinquent, and the pre-delinquent. Unless new and effective ways are found for working with these adolescents, Toronto will have a serious problem in this regard in the future. The Committee is convinced that agencies and organizations must examine and reorganize their programs to meet the increasingly complex problems of youth.

The use of "detached" workers in agencies such as the University Settlement and the "Y" to reach these youngsters has had some success. These workers have found that troubled youth can be helped by an adult who understands, but does not accept, their deviant behaviour. More is to be learned about how to use this approach and how it can be fitted into the total structure of community services for youth. However, the "detached" worker approach is only one method of attempting to reach these young people and further experimentation with this and other techniques is needed urgently. The severity of the problems and the number of adolescents involved demand the strengthening and refocussing of existing programs and the development of new and different techniques.

The Committee is of the opinion that a new agency should be established which will have as one of its primary objectives the accumulation of a body of knowledge and experience that can be incorporated, after it has been tested, into the programs of existing agencies. In order to carry out this objective, the agency would provide direct service to a limited and select group of adolescent boys and girls whose problems cannot be met by other community organizations. The agency also would employ consultants from a variety of professions and backgrounds, such as psychology, psychiatry, general medicine, sociology, criminology, educational and vocational counselling.

The Committee, therefore, recommends:

28. *That the Social Planning Council take responsibility for convening a knowledgeable and representative committee composed of individuals familiar with government and non-government services for youth, which will undertake to develop plans and sources of support for the establishment of a youth centre whose purposes would be to provide a setting for developing and testing new approaches in working with adolescent boys and girls; to provide consultation to organizations throughout Metropolitan Toronto serving youth; to*

provide a training facility for persons working with or in training for work with youth; to provide a setting for research on problems of adolescents and testing new and experimental techniques; and to provide direct service to a limited number of adolescents. The centre would be inter-disciplinary in staffing and program.

29. That agencies experimenting with the use of "detached" workers continue this service.
30. That the Social Planning Council explore the possibility of securing national welfare training and research grants to enable it to proceed with its recommended study on prostitution. (1)

Living Accommodation

The need for living accommodation for adolescents and young adults who are living apart from their families has been confirmed by agencies and by studies conducted by the Social Planning Council. Various kinds of living arrangements are needed such as hostels, supervised rooming houses and boarding houses, and group houses. In the previous section on Family Welfare Services, it has been recommended that the Big Sister Association concentrate on the development of group residences for teenage girls. This Association has developed a proposal for a group residence which has been endorsed by the Social Planning Council. A proposal to establish a Working Girls' Home to accommodate fifty girls also has received Social Planning Council endorsement. Because of the urgent need, these and other proposals should be encouraged. Additionally, the Committee recommends:

31. That the Young Men's Christian Association and the Young Women's Christian Association expand their Rooms Registry Service to meet the needs of young adults and older teenagers in this community. (2)

(1) . See footnote, Page 90

(2) It is understood that the Metropolitan Toronto Housing Authority is now exploring the possibility of establishing a major rooms registry, and that the Y.M.C.A., Y.W.C.A. and other agencies are being consulted.

32. *That the Young Men's Christian Association and the Young Women's Christian Association, both of which have had long experience in the field of providing accommodation for young people, work with the housing authorities, with a view to providing group homes and hostel services for certain types of handicapped persons and teenagers.* (1)

CHILD WELFARE SERVICES

Since everything that happens to families affects the well-being of children, in a sense all programs for strengthening family life may be considered child welfare services. This section covers only the following services: protection of children from neglect; services to children in foster homes, institutions, or adoption homes; services to unmarried parents; services to emotionally disturbed children; and day care services.

Protection Services

The responsibility of the Children's Aid Societies in protecting children from neglect has been outlined earlier in Chapter I. Methods of financing, and staffing have been serious problems for both Societies and Chapter IV of this report considers the problem of financing. With regard to staffing, the 1956 report on the realignment of the jurisdiction of the Societies recommended thirty families per worker as a desirable caseload. (2) Parental neglect is a symptom of severe personality disturbance or social deprivation and skilled professional casework, directed towards helping the parent change his behaviour and attitude, is the core of protection services. When population projections which indicate continued increase in the number of children over the next five years are considered, it is apparent that considerably more staff will be required.

(1) See Page 126 for further references to needs for residences for physically handicapped young adults.

(2) Municipality of Metropolitan Toronto, Report upon a Proposed Realignment of the Jurisdiction of the Children's Aid Societies Operating within the Metropolitan Toronto Area (1956)

More qualified staff and more adequate financing are not the only measures needed however. Other community services, such as adequate housing, homemaker services and public assistance are necessary and important supportive resources. Many families in trouble do not get help until problems become alarming. The school, and health and welfare agencies have a responsibility to identify and deal with problems at an early stage, before they become serious enough to warrant the authority of a Society.

The Societies also emphasize the importance of developing greater knowledge and skill in helping the "hard-core" multi-problem family in order to prevent emotional damage in children which perpetuates problems from generation to generation.(1)

The issue of decentralized services discussed earlier in the chapter will have a direct impact on the effectiveness of these children's services. The report on realignment of the jurisdiction of the Children's Aid Societies² recommended that both Societies operate through branch offices. One Society which has established branch offices has found that their work in these areas has been more effective because the people in the community know the agency and the agency knows the community. The Society also has been able to effect closer working relationships with branches of other community services in the area.

Services to Children Separated from their own Families

Over the past few years, the number of children in care of Children's Aid Societies has dropped, as a result of an increase in adoptions and increased community support for services to families, to prevent the need for separation of children from their own homes. For those children in care, foster homes, institutions and adoption homes are required.

Among recent developments in foster home care locally have been group homes, used successfully for many children who cannot accept the close relationship of a foster family. More residences for working boys and girls and more hospital accommodation for retarded and emotionally disturbed children are needed urgently.

(1) See Recommendations 20 - 22 of this chapter.

(2) Municipality of Metropolitan Toronto, op.cit.,
p. 37

Institutions have a special function in caring for children who cannot be placed in a foster home. They are used increasingly for children who are seriously maladjusted, emotionally disturbed, or mentally handicapped. However, because of the high cost of institutional care it is not available to many who need this type of treatment. It is hoped that the new Children's Institutions Act will provide increased government support for non-ward children.

Under the Child Welfare Act, responsibility for adoption placements is delegated to Children's Aid Societies. Both Societies in Toronto have expanded their adoption programs and have been successfully placing children who only a few years ago would have been considered "unadoptable" because of age, physical or mental handicap, or racial background. More could be done in effecting adoption placements for these children, if additional experienced qualified staff were available.

Services to Unmarried Parents

Many complex factors - social, economic, cultural, and emotional - are involved in the problem of illegitimacy. The problem is essentially one of prevention and the care of the unmarried mother and baby.

Although unmarried mothers known to social agencies come from all social, economic, and educational backgrounds, out-of-wedlock births occur most frequently where there is social and economic deprivation. Thus adequate income maintenance programs and services designed to strengthen family relationships are important preventive measures. The high proportion of unmarried mothers who are teenagers emphasizes the importance and need for youth programs. The school has an important function in identification of troubled children and referral for treatment. The Church, too, has a very special role.

Because of the nature of the problem, many girls leave home during their pregnancy and basic to all services is the need to maintain secrecy and confidentiality. Under the present method of financing services this principle is often violated because of the need to charge the costs for the care of the child to the municipality where the mother has legal residence.

In Chapter IV of this report, entitled "Financing of Health, Welfare, and Recreation Services", it has been recommended that the Province of Ontario assume responsibility for financing Children's Aid Societies' services to un-

married mothers and their children. This would eliminate the present practice of "charge-back" to the place of legal residence of the mother.

The work of the two Children's Aid Societies has undergone extensive study over the past six years in studies conducted by the Metropolitan Corporation and the Social Planning Council.¹ Recommendations for financing Children's Aid Societies have been made in another section of this report. A Minister's Committee on Child Welfare Services, at present reviewing the services of Children's Aid Societies in the Province, is expected to bring in recommendations relating to various aspects of their work.

Services to Emotionally Disturbed and Mentally Ill Children

The scarcity of services to emotionally disturbed children and their families is of particular concern to the many organizations who work with them. This is substantiated in the Social Planning Council's report on children's institutions¹ and the report on hospital facilities for children.² The Hospital Accommodation report states:

The volume of treatment services for disturbed children is lagging so far behind the need that it is almost useless to refer a patient for immediate care. The judges, social workers and psychologists at the Family and Juvenile Court feel the situation to be extremely serious and of great urgency and most frustrating in the face of an immense problem... A multiplicity of agencies have entered this field of treatment through pressures from various groups of citizens.

(1) Municipality of Metropolitan Toronto, Report Upon a Proposed Realignment of the Jurisdiction of the Children's Aid Societies Operating within Metropolitan Toronto Area (1956); Social Planning Council of Metropolitan Toronto, Report on Maternity Homes in Metropolitan Toronto (1960) and Report on Children's Institutions in Metropolitan Toronto (1960).

(2) Committee for Survey of Hospital Needs in Metropolitan Toronto, Hospital Accommodation and Facilities for Children in Metropolitan Toronto (1962). This report is Part 6 of a longer Survey of Hospital Needs in Metropolitan Toronto. See also "Health Services", this chapter.

Thus, we have clinics provided by the municipality in the Public Health Department, by various Boards of Education in different municipalities, by the Province through its mental hospitals, by the large teaching children's hospital, by charitable agencies through the United Appeal, by certain organizations urgently aware of the problem and by certain private individuals who have set up private facilities. There is very little co-ordination between these agencies except through their directors and the informal communication between those who know one another. It seems most unlikely that the total scope of the problem will be known until some specific and thorough study of the requirements is made in an intelligent and thorough appraisal. The fact that each service or clinic which is established is used to capacity within a very short period of its inauguration is a clear indication that the overall requirements are far from being met and, at this point, far from being recognized.

The report does not attempt to recommend the number of facilities needed. It urges the establishment of additional mental health clinics and out-patient centres, preferably related to general and mental hospitals or organized out-patient centres, as well as the establishment of in-patient facilities under voluntary and government auspices. The report states that two in-patient units are required at the present time and recommends:

that the Mental Health Division of the Department of Health of the Province be strongly urged to have a thorough survey of the requirements for in-patient and out-patient services for the treatment of mentally ill children in Metropolitan Toronto.

The Committee strongly supports this recommendation.

In view of the need identified in this same report for a separate unit for adolescents with emotional disturbances, the Committee recommends:

33. *That an Ontario Hospital located in Metropolitan Toronto give consideration to establishing a separate unit for the care of adolescent patients with emotional disturbances as recommended in the study by*

the Committee for Survey of Hospital Needs in Metropolitan Toronto.

Day Care Services

Today, it is no longer realistic to consider whether or not mothers should work or whether day-care services encourage mothers to work. Prior to World War II, one in ten Canadian women workers was married. Now, however, the female labour force is comprised of more married women than single. The Department of Labour estimates that about one-half of the married women who are employed have dependent children, and suggests that a major reason for working is financial need.¹ The real issue, then, is not whether mothers should work, but rather the need to ensure that children are cared for adequately while the mothers are at work.

The lack of day-care services for children of working mothers and incapacitated mothers, particularly in areas outside of the City, was emphasized as a most serious problem by public departments, child placement, and family counselling agencies. In the City of Toronto, where the child population under age five is about half as large as the suburban child population, there are twenty day nurseries, eleven of which are either operated by the City or receive public support. Outside of the City of Toronto, where there are over 100,000 children under five years of age, there are thirteen day-nurseries only one of which receives public support. A recommendation for provision of more adequate day-nursery services throughout Metropolitan Toronto is included in Chapter IV of this report.

In the submissions emphasis was placed on the need for supervised care of school-age children before and after school and during vacation periods. The importance of supervised care of children under age three in day foster homes also was stressed.

The Committee, therefore, recommends:

34. *That after school care for school children up to the age of ten be included in all day nursery programs.*

(1) Government of Canada, Department of Labour,
Married Women Working for Pay (1958).

35. That municipalities consider establishing day camps which could assist in providing care for children of working mothers during vacation periods.
36. That demonstration projects in foster family day-care at present being considered by three agencies be encouraged. Provision for research in order to evaluate the service and assess the need should be included in these pilot projects, and be co-ordinated by the Social Planning Council.(1)

Summary of Child Welfare Services

Serious deficiencies in services to children have been revealed in two recent studies conducted by the Social Planning Council.(2) These reports include comprehensive recommendations for improving the quality and quantity of child welfare services. The Committee endorses the findings and recommendations of these studies and urges continued planning to implement the recommendations. In view of these reports and the report on Hospital Accommodation and Facilities for Children in Metropolitan Toronto,(3) the Committee is making no further recommendations at this time.

SERVICES TO THE AGING

In the past, the major emphasis in caring for the aged was on provision of public assistance and institutional care. Now more attention is being directed to services which will enable older people to remain in the community as long as possible.

(1) During the course of this Study the Social Planning Council has established a Co-ordinating Committee to work with agencies in developing plans for these demonstrations.

(2) Social Planning Council of Metropolitan Toronto, Children's Institutions in Metropolitan Toronto (1960), and Maternity Homes in Metropolitan Toronto (1960).

(3) Committee for Survey of Hospital Needs in Metropolitan Toronto, Hospital Accommodation and Facilities for Children in Metropolitan Toronto (1960).

Housing for the elderly, particularly low rental and subsidized housing, is of primary importance. Increased life expectancy has resulted in increased incidence of chronic illness, and there is need for more medical and long-term nursing care. Earlier retirement age means that special attention has to be given to ways of providing constructive and useful leisure-time activities.

Because older people generally require more of the community services to assist them to remain in their homes, the availability of the services is of utmost importance. Services for older people in their own homes such as visiting nurses and homemakers are urgently required and need to be expanded and strengthened to meet the needs of the increased elderly population.

Sheltered Care

Homes for the aged are among the oldest of the specialized services and remain a basic community resource for those older people who for social or other reasons need sheltered care. As the residents in homes for the aged are living longer, their needs for more intensive nursing, medical and rehabilitative care are increasing. Present waiting lists indicate the increasing demand for accommodation in homes for the aged, particularly for persons of semi-bed or bed care. Undoubtedly, increasing difficulty in finding suitable nursing homes increases the demands for institutional care.

The lack of adequate nursing homes is a serious problem. As other types of resident care and more services to older people in their own homes are developed, institutional care could be used more appropriately for those who need long-term nursing assistance.

More casework service to residents of homes and to those on waiting lists for admission, improved recreational and activity programs, and extended day care services for non-residents are the major needs reported in the submissions to the Study. The recommendations for financing homes for the aged, included in Chapter IV of this report, would provide a way to expand and strengthen all these services.

Boarding Home and Foster Home Program

Boarding and foster home programs are an effective way of providing sheltered care for the aged and have the advantages of not requiring large capital expenditures. The

problem of finding suitable foster homes in areas having appropriate zoning by-laws limit the program. One family agency provides a foster home program as an extension of casework services to the aged. It is based on intensive casework, careful selection of foster homes, and a continuing relationship between the agency, the client, and the foster home. Both programs are closely integrated with institutional programs and clients make use of services offered by the institutions. One voluntary home for the aged is planning an integrated program of care which will provide low rental apartments, residential care, nursing-home care and care for the senile. This provides a co-ordinated program of care of the older person through all his varying stages of dependency.

The Committee, therefore, recommends:

37. That as an alternative to institutional care for well older people, government and voluntary organizations give consideration to the extension of boarding and foster home programs and the development of co-operative residences and low rental apartments; (1) that in planning future housing for old people under government auspices more flexible and varied patterns of living arrangements in proximity to transportation and community services be considered.

Recreation and Education Services

The emphasis in most centres is upon social activity, games and entertainment. Some offer arts and crafts and educational programs. The considerable increase in these clubs and centres in recent years reveals an encouraging community response to the very great leisure-time needs. Many are under volunteer leadership. For these, there should be greater opportunity for training of volunteers and assistance in development of programs.

The Committee recommends:

38. That churches and service clubs be encouraged to sponsor leisure-time services to old people making use of church and other facilities to a much larger extent than now exists; and that the Second Mile Club extend

(1) See Recommendations in Chapter IV concerning homes for the aged.

its program of guidance and advice to churches and service clubs in the development of such programs.

Day-Care Centres and Sheltered Workshops

Day-care centres, as distinct from recreational programs, provide a co-ordinated program of group activities, and/or sheltered employment, counselling, meals, and other related services. Day-care programs can offset physical and mental deterioration and delay the need for institutional care or unnecessary commitment to a mental hospital. Some of the day-centres and drop-in clubs have elements of day-care in that they provide more than recreation activities. With the increase in municipal recreation centres, voluntary recreation agencies for the aged should develop day-care programs and sheltered workshops. These workshops also could be used for older people who are unable to continue to work in their former occupations but with re-training could maintain some measure of independence.

All the services to the aged can achieve their maximum effectiveness only when they are related to or part of a wide range of services. The need for services mentioned most frequently in agency submissions were counselling and homemaker services, meals on wheels for older people who live at home and require assistance in securing nutritious and palatable meals, and friendly visits to those who are "shut-in". The need for sheltered employment, re-training, and opportunities for constructive use of leisure time also were emphasized.

Services to the aged provide wide scope for volunteer activity. Volunteers are being used successfully in institutional programs, and clubs for senior citizens and could be used in many other ways such as for friendly visiting, mobile library services, inspection and assessment of suitable accommodation, and assisting with meals on wheels programs. Continued recruitment will be necessary, but adequate training and supervision of volunteers is of equal importance.¹

Recommendations

Some of the major needs for the aged are dealt with in recommendations made in other sections of this report.²

(1) For fuller discussion, see the section on "Human Resources" in Chapter III on "Planning and Co-ordination".

(2) See particularly "Family Welfare", "Homemaker Services", "Health", and "Public Housing" sections in this chapter.

The Committee, therefore, recommends:

39. That major emphasis in services to the aged should be given to the development of more day care programs and sheltered workshops under various auspices, such as institutions for the aged, mental hospitals and community centres, and that the Social Planning Council accept responsibility for co-ordinating developments.
40. That consideration be given to the development of a meals on wheels service as part of a comprehensive home care program for the aged.(1)
41. That in the light of increased admissions to mental hospitals of elderly people, the Provincial Government give consideration to providing increased funds to Ontario Hospitals for the development of effective geriatric services.

HOMEMAKER SERVICES

Homemaker services can be used to prevent separation of children from parents, early institutionalization of old people, and prolonged hospitalization or care in nursing homes.

Population increase and the consequent increase in the demand for service are resulting in a widening gap between the need and the amount of service available. Agency submissions emphasized the need to expand service to the ill, the old, to families on a twenty-four hour basis, and to provide long-term service where needed. Future plans call for a certificate course of instruction for homemakers under provincial auspices, including instruction in child care, home economics, hygiene, and related skills.

Unfortunately the salaries paid to homemakers are so low that the homemakers consider this part-time work and have other jobs and duties to claim their time. As a result, they are difficult to recruit. Increased salaries and certification of homemakers would make it easier to recruit suitable staff. The implementation of recommendations made

(1) See "Health Services" section in this chapter.

elsewhere in this report would provide additional funds for salary increases and expansion.

Two alternative ways to expand services were considered: the development of homemaker services in family welfare agencies, or expansion of services by the two organizations providing this service. The Committee is of the opinion that the agencies now providing this service can give a better service at less cost than smaller programs developed in family welfare agencies. However, there are possible exceptions to this generalization, for example the homemaker services provided by the Children's Aid Societies,² or homemaker services for older people.

The Visiting Homemakers Association at the request of the Social Planning Council, conducted a three-year demonstration project of homemaker services to older people during 1958, 1959 and 1960. Since the termination of the project, the agency has continued to receive 75 to 100 requests each month for service to older people. They estimate that this is only a part of the actual demand. In addition, agencies in the community are pressing for the extension of homemaker services to this age group. A committee of the Social Planning Council is currently examining ways and means of meeting this need, and is expected to develop definite proposals by the end of 1963.

The Visiting Homemakers Association is considering establishing a North York branch, but is awaiting the results of the Needs and Resources Study.

In view of the above, the Committee recommends:

42. *That visiting homemaker services be expanded under the Visiting Homemakers Association and the Canadian Red Cross Society.*
43. *That expansion and auspices of homemaker services to older people await completion of the Study on this subject now being made by the Social Planning Council.*
44. *That the Visiting Homemakers Association, in co-operation with the North York Area Council, enter into*

(1) See Chapter IV, "Financing of Health, Welfare and Recreation Services".

(2) See Chapter IV, "Financing of Health, Welfare and Recreation Services."

immediate discussions with the Municipality of North York, to explore the feasibility of locating a branch in the North York Health or Welfare offices; and that future branch locations of homemaker organizations be planned, wherever possible, in relation to the location of a Health and Welfare Centre.

45. *That the visiting homemaker organizations, in co-operation with the Social Planning Council, explore the feasibility of the municipalities taking responsibility for making payments directly to the head of the household when homemaker services are required on a long-term basis.*

RECENT IMMIGRANTS

About one-quarter of the population of Metropolitan Toronto are new Canadians who have arrived in this country since the war. In the early post-war years, most immigrants came from English-speaking countries, but year by year since then there has been an increase in the proportion of immigrants from non-English-speaking countries, particularly from central and southern Europe. In 1960, more than two-thirds of the people coming to Canada were from non-English-speaking countries.

New immigrants, like any other group, require the services of welfare, health and recreation agencies. But many agencies have reported a serious problem in assisting them, because of language barriers and limited knowledge of their social and cultural backgrounds. Visiting nursing services and public health departments have prepared brochures describing their services in several languages. Some social agencies have used professional interpreters, but generally this has not been satisfactory. It has been suggested that agencies try to recruit multi-lingual people, both as volunteers and staff and that they be assisted in obtaining professional training.

Language is only one of a number of factors. Lack of understanding of the role of voluntary organizations on the part of the newcomer may be equally important. The Social Planning Council has undertaken, at the request of organizations in the community, a study of the factors involved in the use and non-use of existing services by recent immigrants. The report should give valuable direction for

future planning of services to this group.

In 1956 the International Institute was established to assist new Canadians in the social integration in their new community. Its three major functions are to give individual counselling, to provide recreation and adult education, and to promote good inter-group and community relations. Churches and ethnic groups also are doing a substantial amount of work with newcomers.

During this Study, careful consideration was given to whether existing organizations can become more effective in serving immigrants or whether ethnic groups should be encouraged to establish agencies to serve their own communities. The Committee accepts the general principle that the integration of the entire community can be facilitated better by encouraging existing health and welfare agencies to provide services. The agencies should take into account the linguistic and cultural needs of specific ethnic groups and vigorously recruit leaders from ethnic groups as board members and as service volunteers. The Committee does recognize that there may be special situations, such as homes for aged, where the needs of both the community and individuals may be best served through agencies organized and operated by ethnic groups.

The Committee, therefore, recommends:

46. That programs and services for specific ethnic groups should be developed within the framework of existing agencies and the development of special agencies for specific ethnic groups should be encouraged only when careful study has clearly indicated that the needs cannot be met by existing agencies.
47. That welfare, health and recreation organizations give special attention to the needs of immigrants in their programs by encouraging their staffs to take advantage of language classes and by recruiting staff familiar with the language and background of various ethnic groups and assisting them to obtain professional training; and that the International Institute strengthen its program of consultation service to community agencies.

HOMELESS AND TRANSIENT MEN

There are large and growing numbers of homeless and unattached men in Metropolitan Toronto as in other urban communities. They include transients of no settled abode and seasonal or casual workers. They are also permanent residents who are marginally employable or unemployable because of age, physical, or mental or personality handicaps.

The City of Toronto Department of Public Welfare, through its Single Men's Services Department, provides assistance and operates two hostels. A number of missions sponsored by various religious organizations offer shelter, meals and spiritual counselling. The Salvation Army, one of the organizations which offers these services, operates a residential rehabilitation service based upon work therapy in a sheltered workshop, recreation, and spiritual counselling. The Salvation Army also refers selected men to the National Employment Service for vocational training. There is one day-centre, the Good Neighbours Club, which offers day-time shelter, recreation facilities, and counselling. It suffers from severe overcrowding and lack of sufficient staff.

Homeless men, particularly those who are transients, are characterized by unstable employment histories, a low level of education and training, a high degree of marital separation and divorce, court convictions, and hospitalization. Their early lives have been marked by neglect and deprivation. In a labour market demanding skilled workers, they are under a severe disadvantage. They are extremely vulnerable to the ups and downs of the labour market, being the last hired and the first fired.

Some of the homeless "men" are still in their teens. As they grow older, re-employment becomes progressively difficult and their pattern of living becomes ingrained deeply. Because the problems of these men are so deep-rooted and complex, prospects generally for rehabilitation are regarded as unfavourable. It may not be possible to rehabilitate many men who have become adjusted to years of marginal and dependent living, but attempts to rehabilitate those who appear to have some potential present a challenge to the community. The prerequisite however is more facilities for assessment and selection of individuals with potential for retraining and rehabilitation.

A Committee of the Social Planning Council made a study of homeless and transient men in 1960.¹ A number of recommendations were made concerning co-ordination of services, rehabilitation, research, and licensing of commercial rooming houses. Another committee of the Council developed proposals for expanded day centres for older homeless and transient men.² The Committee urges that special attention be given to the following recommendation arising from the work of these Committees:

48. *That in present and future planning of services to homeless and transient men in Metropolitan Toronto special emphasis be given to assessment services and to rehabilitation services where appropriate and that day care facilities for older, unattached, and unemployable men be expanded to meet the need more adequately.*

RECREATION, INFORMAL EDUCATION, AND SOCIAL GROUP WORK

The leisure-time services in Metropolitan Toronto embrace numerous activities designed to make constructive use of leisure time for all age groups. There are, however, specific differences in focus, method, and purpose of the three major divisions in the field. These are recreation, informal education, and social group work.

Recreation programs are provided primarily for the enjoyment and creative expression of the participants rather than to solve personal problems or to develop a high degree of skill in some activity. Informal education services are concerned primarily with increasing knowledge and skill. Social group work programs are consciously directed towards the modification, development or changing of individual attitudes and behaviour. A large element of recreation is present in both informal education and social group work services and these three kinds of leisure-time group activities are closely related although their objectives are different.

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- (1) Social Planning Council of Metropolitan Toronto, Report of Committee on Homeless and Transient Men (June 1960)
 - (2) Social Planning Council of Metropolitan Toronto, Day Centres for Older Homeless Men (1960)

Recreation and informal education services are provided in this community by numerous government departments, both municipal and provincial, and by many voluntary organizations. It would be impossible to calculate the exact number of organizations working in these fields. Many of the largest voluntary services, such as the Y.M.C.A. and Y.W.C.A., and the Y.M.-Y.W.H.A., the Boy Scouts and Girl Guides, and the Boys Clubs are branches of, or affiliates of, national and international organizations. Churches, missions, settlements, service clubs, neighbourhood groups, ethnic groups, employee groups, and other organizations sponsor recreation programs, discussion groups, and sports leagues. Private clubs and commercial programs also offer activities in the leisure-time field.

Social group work is available in many settings such as hospitals, institutions, settlements, the "Y's" and camps.

Leisure-time services are divided in many other ways. Settlement houses usually serve the people living in their vicinity although they do not reject clientele outside their stated geographic boundaries. Public recreation agencies are committed to serve within the geographic limits of their municipality, but even here it is not possible to determine eligibility based on boundaries. Many of the larger voluntary agencies serve throughout the metropolitan area. Some use their own facilities. Others use schools, churches, or space rented from other organizations. Some serve from a central location and others through branches. Few of the organizations under religious auspices limit their services to persons of their specific religion. Religious identification specifies the approach of the organization and its purpose, but does not precisely delineate its clientele.

Only the public recreation departments view themselves as purely recreation services. Their full-time leadership is trained specifically to administer and direct purely recreation programs. Organizations such as the Boy Scouts, the Girl Guides and B'hai B'rith Youth Organization view themselves as training groups for character development and citizenship. The settlements, the Y.M.C.A. and the Y.M.-Y.W.H.A. include group work programs under the leadership of trained social workers.

Both the government services and the voluntary organizations offer a wide variety of activities in many locations. Policies with respect to fees, the number of activities available, and the number of full-time paid

personnel employed, vary from municipality to municipality and from agency to agency. Adding to the confusion as to the function and purpose of these organizations is the fact that many of them offer other services not necessarily limited to participants in their group activities. For example the Y.M.C.A., the Y.W.C.A. and the Settlement Houses have provided the community with such services as vocational counselling, personal counselling, room registries, residences for young people, health education programs and group counselling. From this diversity, emerges a rich variety of recreational social services and informal education programs. For practically any age group, there is a wide range of opportunities.

Unfortunately, however, there is a serious problem of distribution. For example, in some areas of the City there is a complete lack of services while in others there are services provided by many agencies within a short walk of each other. In some areas, programs for boys may be quite adequate, while those for girls are lacking. In many instances, there appears to be sufficient provision for some age groups and none for others. If program opportunities are viewed on a metropolitan basis, they are rich and extensive. On a community or neighbourhood basis, opportunities range from practically nil to abundance. Many of the problems of differentiation between agencies come into sharp focus in the new suburban communities. Often the only facilities in such new communities are those provided by the parks and school authorities.

Day-camp programs have developed as summer extensions of government and voluntary agency services. Resident camps operate under the sponsorship of practically all private recreation and informal education agencies, and some operate as part of the program of many treatment-oriented organizations. The field is replete with commercial camps, ethnic group and church sponsored camps. In recent years, the extensive provision by public authorities of park land for camp sites has encouraged family camping.

In the broad area of social services, there is an increased awareness of the relationship between social needs and leisure. Problems of the aged, rehabilitation problems, helping the hard-core families, adjustment problems of immigrants, and moving out to the "hard-to-reach" youth, are all being given increased attention by the informal education and recreation organizations.

Lack of Co-ordination

Of all the fields of service considered by the Committee this particular field appears to be one in which there is the greatest lack of co-ordinated planning. While it is agreed that precise definitions and responsibilities may not be possible, there is an immediate need for reaching some general agreement on the division of responsibility and functions.

The Committee recognizes that co-ordinating the services and instituting long-range planning present exceptional problems. For example, within the provincial government alone there are six departments with more than thirty branches administering legislation in this field. In Metropolitan Toronto there are ten municipal recreation committees, thirteen municipal parks departments, eleven Boards of Education, two Separate School Boards, and nine planning committees - all of whom have some responsibility for the type, scope, and standards of services.

The number of voluntary organizations and agencies offering leisure-time group services has been calculated only approximately. Submissions from these organizations and discussions at the workshop sessions have suggested that many of these organizations operate in partial or total isolation.

Because of the obvious and serious lack of co-ordinated planning in this field, the Committee is of the opinion that it would be impossible, for either the United Community Fund or a municipal council alone, to make decisions as to the financial support required to provide the necessary recreation services in Metropolitan Toronto.

In view of the above, the committee recommends:

49. *That the Social Planning Council enlist the co-operation of the Municipality of Metropolitan Toronto and the area municipalities in establishing a special committee to bring about co-ordinated planning and clarification of roles and functions of both government and voluntary services in the recreation field.*

Such a committee might be expected to undertake the following:

- (a) provide standards and criteria for determining recreation needs throughout Metropolitan Toronto.
- (b) suggest practical steps towards better distribution of existing services and development of new services.

- (c) recommend the relative responsibility of government and non-government organizations in meeting present and future needs in the recreation field.
 - (d) consider the extent to which use is made of schools, churches and other community buildings with a view to keeping at a minimum the need to erect new recreation buildings.
50. *That multi-service organizations that provide recreation and social group work programs as part of their service, set up separate units in their budgets for these services.* (1)

HEALTH SERVICES

Health services in Metropolitan Toronto are provided by various levels of government, public and private hospitals, and voluntary agencies. Many of the voluntary health organizations are nationally sponsored, and provide services through their local branches.

Hospitals and Clinics

Two major studies on health services are in process. These are the Royal Commission on Canada's Health Services, and the Survey of Hospital Needs in Metropolitan Toronto. Part 6 of the Survey of Hospital Needs in Metropolitan Toronto, dealing with children's hospital services, has been published.² It states that there is a serious shortage of hospital beds for the care of children. It recommends that additional large units be provided for children in selected hospitals. It also makes reference to the urgent need for treatment facilities for emotionally disturbed children on both an in-patient and out-patient basis.³

(1) See Chapter III, Recommendation 104.

(2) Committee for Survey of Hospital Needs in Metropolitan Toronto, Hospital Accommodation and Facilities for Children in Metropolitan Toronto (1962)

(3) See services for emotionally disturbed children, Page 98 of this report.

The Committee noted with interest the submission of the Social Planning Council to the Royal Commission on Canada's Health Services. The submission stated that the location and hours of out-patient clinics and out-moded residence requirements pose serious problems in the metropolitan area. Long distances involved in getting to an out-patient clinic presents special hardship for mothers with young children. The fact that out-patient clinics are usually held during the day creates special difficulties for employed people, who must absent themselves from work, often losing a day's pay, in order to receive necessary treatment.

The Committee also has concern about social service departments in hospitals. The purpose of the social service department in any hospital is to assist both the patient and his family with their personal adjustments to illness and immediately related problems and to ensure that non-medical services are available to the patient and his family. Consequently social service departments within a hospital should become an integral part of the total hospital administration and should maintain effective channels of communication within the hospital and out into the community.

There is wide variation in the organization and services provided by social service departments in the hospitals located in Metropolitan Toronto. Some hospitals, such as the Toronto General Hospital, have highly organized departments. Other hospitals are served by public health nurses, and there are hospitals in which the social service department is not integrated with the program of the institution.

Of special interest to the Committee is the future of the Pilot Home Care Project. This was initiated as a demonstration at the request of the Social Planning Council in 1959. This is a community service designed to assist in the early discharge of patients from hospital or to prevent the need for admission to hospital through the provision of medical care, nursing care, homemaker and other services to the patient and his family in the home. A three-year pilot project by the Department of Health of the City of Toronto was scheduled for completion at the end of 1963. It has proved the effectiveness of such a program as a substitute for hospital care in many cases. The demand and value of the program has more than justified its expansion and continuation on a permanent basis. It has shown that a home care service is at least a partial answer to the problem of hospital waiting lists and of caring for patients in their own home.

In view of the above the Committee advances the following recommendations:

51. That the Commission on Needs and Resources, recommended elsewhere in this Report, give every support to the Committee now working out ways and means of having the Home Care project continue on a permanent basis to ensure that this program is set up on a Metropolitan-wide basis and that it not terminate at the end of 1963.
52. That the Home Care Project be recognized as an alternative for stages of hospitalization and subsidized through funds collectable for hospitalization insurance purposes.
53. That the Ontario Hospital Association and the Ontario Hospital Services Commission be asked to give special attention to the location and hours of out-patient clinics in the Metropolitan area in order to make them more readily available to mothers, employed people, and those persons living in outlying areas.
54. That the Ontario Hospital Association give consideration to the need for social service departments in hospitals.
55. That as soon as the report of the Royal Commission on Canada's Health Services and the report from the Survey on Hospital Needs in Metropolitan Toronto are available, the Social Planning Council undertake to see that a local committee is organized to review the recommendations and their implications for Metropolitan Toronto.

Disease-oriented Health Services

In the section on "Rehabilitation Services", later in this chapter, reference is made to the organizations serving persons suffering from specific diseases, whose work falls into two major categories. There are those whose major function is to provide interpretation and education to the community about special needs of persons suffering from a specific disease and to promote community understanding of the problem. Others are organized to give direct services to persons suffering from such diseases and to initiate and implement medical research.

In submissions to the Committee a strong point of view was voiced by many organizations that there should be integration and merging of some of these organizations under a single administration since there are common elements for the purpose of both interpretation and the giving of services. On the other hand, there was an equally strong point of view expressed by those close to the field that integration and mergers would dilute the effectiveness of their work, with no greater efficiency of operation and result in no real financial savings.

Organizations giving treatment have already moved towards consolidation of services. It is understood that the Royal Commission on Canada's Health Services has been receiving submissions on this subject right across the country. The Committee therefore is making no specific recommendations in this regard.

Mental Health Services

This problem is of large dimensions not only in Toronto but right across the North American continent. The serious problems of mental illness and mental retardation have been emphasized throughout the course of this Study. Increases in services to both the mentally ill and the seriously emotionally disturbed persons were recommended by most groups making submissions to the Committee. The major needs are for additional diagnostic clinics, treatment centres and hospitals.

Early in 1963, a comprehensive study on psychiatric needs and resources in Canada under the chairmanship of Dr. J.S. Tyhurst and initiated by the Canadian Mental Health Association, was published under the title "More for the Mind". The question of services for the mentally ill and mentally retarded is also receiving serious study by the Royal Commission on Canada's Health Services.

In view of the severe shortage of diagnostic and treatment facilities to meet the current need of Metropolitan Toronto and in view of the geographic imbalance in services available, the Committee gives great importance to the need for additional services in this field. Because of the work of the Royal Commission on Canada's Health Services and the Tyhurst Survey referred to above, the Committee is making only two recommendations:

56. That as soon as the Report from the Royal Commission on Canada's Health Services is available, the Social Planning Council initiate local study of this report and the Canadian Mental Health Association report "More for the Mind", to work out the implications of these reports for Metropolitan Toronto.
57. That immediate steps be taken by the Provincial Government to expand the necessary mental health services so as to have them readily accessible to all those living in the Metropolitan Toronto area.(1)

The Committee notes the leadership given by the Province of Ontario in bringing the problem of mental illness to the attention of the public. The Minister of Health, the Honourable Matthew B. Dymond, has on numerous occasions supported the need for a vital and responsible partnership between the government services and the volunteer endeavour in the rehabilitation of persons who have received treatment for mental illness.

Marked changes have been taking place in mental health care and treatment. These changes emphasize the provision of treatment close to home, permitting the patient to continue working where possible, and, in any event, remaining close to home and family. This enlightened approach in treatment of the mentally ill requires a better general understanding of mental illness and a greater readiness of communities to accept responsibility for improving local services. As a result, greater emphasis has been placed on services in the community such as friendly visiting, employment counselling, sheltered workshops, and supervised leisure-time activities. These relieve the government of some of the costly institutional care and at the same time assist the patient to find his way back into the community without fear. However, they have placed a very substantial burden on the voluntary agencies in the provision of after-care services. Submissions to this Study refer to increased services being provided by a variety of voluntary agencies.

The Committee recognizes the difficulties in determining at what point government's responsibility for after-care is terminated and when the responsibility may reasonably be assumed as a voluntary endeavour. At the same time this

(1) See also page 177

Committee believes that the importance of maintaining strong community services as a vital part of the total rehabilitation of the mentally ill demands increased government support. In view of the above, the Committee recommends:

58. *That the Provincial Government increase its support to after-care agencies to enable them to carry out an effective program which will complement treatment provided by the Ontario Hospitals and Mental Health clinics.*
59. *That the Social Planning Council discuss with the appropriate government departments the most effective means whereby these departments, together with the Council and the agencies concerned, might reach agreements as to the extent of government's responsibility for financing voluntary after-care services.*

Services to the Retarded

Services to the retarded have been selected for special attention because the special needs of this group cannot be met in programs designed for the general community.

It is estimated that in a city the size of Metropolitan Toronto there are about 51,000 mentally retarded people, or 30 out of every 1,000 people. Most of these, though of low intellectual development, are able to be self-sufficient. However, an estimated 1,700 are so grossly retarded that they require permanent institutional care and about 6,800 require training and constant supervision.⁽¹⁾

The Canadian Mental Health Association, as stated in the report on children's hospital needs, outlines the requirements for mentally retarded children in several categories: the need for rapid development of educational classes for those who have sufficient ability; the establishment of day training classes for those who can be educated or trained in some manual skill; more day-care programs for the non-trainable; a home-care program of social work counselling services for families and retarded adults; foster homes for the care of retarded people with no home of their own; and the provision of sheltered workshop and recreational programs.⁽¹⁾

(1) Committee for Survey of Hospital Needs in Metropolitan Toronto, op. cit.

In the past ten years, much progress has been made in serving the mentally retarded. The Metropolitan Toronto Association for Retarded Children has two day schools, with accommodation for 480 children who can be trained to meet certain social needs. In many cases the children go on to a degree of academic education and vocational work. The Association also provides a small nursery for children of three and four years of age and a residence intended for short-term care, which accommodates thirty children. The residence is to be replaced by a new institution and day school in Scarborough¹ and plans are underway to provide another school in Etobicoke. In addition to its day school and residence program, the Association has a sheltered workshop and provides a limited counselling service to parents.

The Social Planning Council's comprehensive report on the needs of the retarded is used by the Metropolitan Toronto Association for Retarded Children as a guide in planning future program developments.⁽²⁾ Proposed changes in legislation in regard to the education and institutional care of retarded are expected to release substantial funds for the development of other services by the Association.

The Mental Health Branch of the Provincial Department of Health operates three hospital units for retarded children. The Ontario Hospital in Orillia includes a training school. According to the Hospital Accommodation report, the Mental Health Branch "is aware of the need for more in-patient facilities in Metropolitan Toronto".⁽³⁾ Although there are no specific plans for further construction in Metropolitan Toronto, the Branch plans to provide homes of less than 500 beds throughout the Province.

The Haven, one of the first organizations under voluntary auspices to serve retarded girls, offers a counselling and recreation program, and operates a small residence, Lorimer Lodge, where girls are trained for domestic service.

(1) The Harold R. Lawson School opened during the preparation of this report.

(2) Social Planning Council of Metropolitan Toronto. Report on the Needs of the Retarded in Metropolitan Toronto, prepared by the Committee on Needs of the Retarded (Sept. 1961).

(3) Committee for Survey of Hospital Needs in Metropolitan Toronto, op. cit.

Admission is restricted to girls eligible for a rehabilitation training grant. Maintenance and tuition are paid for under the Rehabilitation Services Act.¹ In order to make full use of the available resources, the Haven and the Metropolitan Toronto Association for Retarded Children should have a closer working relationship, and work towards developing a co-ordinated program of services.

The Committee strongly supports the following recommendation in the Report on Hospital Accommodation:

60. *That every encouragement possible be given to the development of further out-patient services, diagnostic clinics and school programs for the mentally retarded children. The Provincial Government should be urged to establish the necessary in-patient units in Metropolitan Toronto in order to provide broader treatment and research facilities.*⁽²⁾

The Committee further recommends:

61. *That the Haven and the Metropolitan Toronto Association for Retarded Children continue their co-operative methods of work, with a view to co-ordinating both programs under one administration.*

VISITING NURSING SERVICES

Visiting nursing services are provided in Metropolitan Toronto by the St. Elizabeth Nurses Association, under the auspices of the Council of Catholic Charities, and the Victorian Order of Nurses which is a national agency with four branches in Metropolitan Toronto.

Some of the public health departments purchase service from these two organizations. Where this arrangement is in operation, the work of the staff of the visiting nursing organizations is not limited to bedside nursing. Without

(1) Revised Statutes of Ontario, 1960, Chapter 350, Rehabilitation Services Act.

(2) Committee for Survey of Hospital Needs in Metropolitan Toronto, op.cit.

the assistance of the voluntary nursing organizations, public departments would have to employ many more public health nurses which in turn would make it difficult for the voluntary organizations to recruit and maintain staff. Public health departments would have surplus staff at times when the child health centres are not in operation.

In the last ten years, despite the marked increases in Metropolitan Toronto's population, there has been a reduction in the number of nurses employed by the visiting nursing agencies, due to a shortage of funds. In this period the number of persons with chronic illnesses requiring long-term nursing care have increased. The medical home care program, recommended in the section on Health Services,¹ and the present policy of early discharge of patients from hospital further increase the demand for service. This gives greater urgency to implementing enabling legislation for government support in all municipalities in Metropolitan Toronto². Recruitment of professional staff is a constant problem in this service as in other fields.

The Committee, therefore, recommends:

62. That the expansion and strengthening of visiting nursing services is of primary importance; and that expansion be undertaken by the existing organizations; and that municipalities be urged to implement the permissive legislation which will provide more government money for this service.
63. That the branches of the Victorian Order of Nurses be urged to continue their present negotiations with a view to bringing the four branches under a single administration.
64. That the St. Elizabeth Visiting Nurses' Association and the Victorian Order of Nurses enter into a joint agreement for student field practice in public health nursing and use of specialized staff in order to provide better coverage and a uniformly high standard of service throughout Metropolitan Toronto.

(1) See Recommendation No. 51.

(2) See Chapter IV, "Financing of Health, Welfare, and Recreation Services".

REHABILITATION SERVICES FOR THE HANDICAPPED

The focus in this field of service is on developing the handicapped person to his full potential. The total process embraces assessment, physical restoration, vocational counselling and training, job placement and follow-up. The scope of this Study did not permit detailed consideration of the medical aspects of rehabilitation. Therefore, this section covers only local programs, provided in a non-medical setting.

The tendency in Metropolitan Toronto, as elsewhere on this continent, has been to establish rehabilitation services which are disability or disease-oriented. There are forty agencies in Metropolitan Toronto whose purpose is to provide one or more services to handicapped people. In some cases, there is more than one agency providing service to a specific group of disabled. However, there has been a movement toward co-ordination and broadening of some of these programs to include people suffering from different disabilities, and to provide a wider range of services. Some examples are the Rehabilitation Foundation for the Disabled, the Jewish Vocational Service and the Society for Crippled Civilians. All of these provide a range of services to people suffering from various disabilities. While specialized services are required for some disabilities, such as blindness and retardation, there are many disabilities which do not require a specialized setting. Larger administrative units make it possible to provide a more comprehensive program, including physiotherapy, vocational assessment and training, job placement and follow-up, and to acquire and make more effective use of skilled staff.

The last decade, particularly the past five years, has shown an unprecedented surge forward in rehabilitation services to the handicapped. This is reflected in the establishment of the Toronto Rehabilitation Centre, which provides occupational therapy and physiotherapy and the establishment of the Rehabilitation Foundation for the Disabled, which provides assessment and workshop training. The new and expanded Rehabilitation Services Act administered by the Rehabilitation Service Branch of the Department of Public Welfare of Ontario, permits much greater attention to be given in rehabilitating people who do not have a physical disability, but are handicapped because of mental or

emotional problems.¹ Under the legislation, the Jewish Vocational Service and the Society for Crippled Civilians have expanded their services to these people.

The Rehabilitation Services Act provides for: assessment to decide whether the individual can benefit from vocational rehabilitation services; physically restorative treatment, including medical or surgical treatment, physiotherapy or occupational therapy, and prosthetic appliances; counselling through which the individual is helped to appraise himself and his situation, choose suitable goals and achieve them; and training in schools or on the job, to fit the person for a suitable occupation.² The Branch pays tuition fees and a maintenance allowance to the trainee, or subsidizes an employer who agrees to train a disabled person on the job. The Branch provides these services directly or purchases them from a voluntary agency. The cost is shared with the federal government under the Vocational Rehabilitation of Disabled Persons Act.³

In spite of the broadening of rehabilitation programs, services fall far short of the need. Long waiting lists are in evidence everywhere, yet agencies have had to curtail services because of the shortage of funds. The greatest need is for vocational training for the mentally ill.

Facilities for the assessment and vocational guidance of handicapped persons are quite inadequate. The evaluation of a person's interests, aptitudes and abilities requires professional skills, and often the use of specially designed workshop facilities which simulate an actual industrial experience. Psychological evaluation is available in hospitals, clinics, and private agencies. However there are few workshops providing work, assessment, and training, combined with psychological services.

Sheltered workshops fall into two categories: one is the rehabilitation type, providing an intensive short-term assessment and work adjustment program; the other is the terminal type providing an indefinite-term work experience

(1) Revised Statutes of Ontario, 1960, Chapter 350, The Rehabilitation Services Act.

(2) A retraining program for persons who are not handicapped is also provided under the Department of Education.

(3) Canada Statutes, 1960-61, Chapter 26, Vocational Rehabilitation of Disabled Persons Act.

for physically and mentally handicapped who cannot compete in regular jobs. The need for both types of facility is great.

The National Employment Service and the voluntary agencies engaged in the placement of disabled workers have had only limited success because many handicapped persons have not always been sufficiently prepared for employment in a highly competitive labour market. Employers tend to resist the hiring of handicapped workers particularly those who are emotionally or mentally handicapped. The National Employment Service through its Special Services Division provides aptitude and interest testing and employment counselling, but facilities for full assessment to determine the type of job and the level of employability of those applicants who have a poor work history are limited. Those voluntary agencies which provide an integrated vocational counselling, rehabilitation workshop, and placement program have been more successful in finding employment. However, the need is so much greater than the capacity of these agencies that they can serve only as demonstration projects. There is a need, too, for financial assistance through government grants to enable agencies to carry out research into the development of new techniques.

Rehabilitation is a new field with wide variations in standards of service, and diversified philosophies and goals among voluntary agencies as well as among the three provincial departments involved in training and retraining. The growth and development of rehabilitation programs have suffered from an absence of co-operative planning on the part of both public and private agencies interested in providing and broadening these services. Expansion of services has been frustrated also by a shortage of qualified personnel to fill the vacancies created. Many agencies have had to curtail their programs.¹

In view of the above the Committee makes three recommendations:

65. *That the Social Planning Council establish a co-ordinating and planning committee representative of public and voluntary organizations engaged in rehabilitation programs.*

(1) See Recommendations 26 and 27 in regard to vocational counselling in the Youth Services section of this chapter.

One of the Committee's objectives will be to encourage agencies to provide a wider range of services that would include people suffering from different disabilities. In addition, the Committee will provide a forum for the identification, clarification, and discussion of vital issues in the vocational service field; define and promote the implementation of acceptable standards for staff qualifications, facilities and other facets of organizational activity; establish and promote working relationships among the organizations operating in the field; identify areas of agency operations which lend themselves to co-operative effort, such as a centralized program of procurement of contracts for sheltered workshops, and stimulate employers to hire handicapped people.

66. *That the Social Planning Council request the University of Toronto to establish evening courses for workshop staff to enable personnel who do not meet minimum professional requirements to upgrade themselves.*
67. *That agencies which meet minimum requirements of recognized professional associations in vocational counselling and rehabilitation be designated as training centres to work with universities in the development and training of staff.*

Residences

There are two organizations providing in-patient care to incapacitated children. Bloorview Hospital admits children from two to seventeen years of age and the Ontario Crippled Children's Centre serves children up to their nineteenth birthday. Residential facilities for handicapped young adults are urgently needed. At present, the only facility available for them is a hospital for the chronically ill which is often not suitable. It is reported that many former patients at Bloorview Hospital have deteriorated rapidly when admitted to a hospital for chronically ill.¹ The report on Hospital Accommodation and Facilities recommends

(1) Committee for Survey of Hospital Needs in Metropolitan Toronto, op. cit.

that the Social Planning Council promote through one of its member agencies a residence for physically incapacitated young adults. Such a residence should not be disease-oriented and should accept young adults suffering from all kinds of physical handicaps.

The Committee, therefore, recommends:

68. *That the Social Planning Council establish a committee representative of all interested and related organizations to follow through on the proposal to establish one or more residences for physically incapacitated young adults.*

PUBLIC HOUSING

Inadequate housing has long been recognized as a major cause and complicating factor of many social and health problems. While there are few areas in Metropolitan Toronto that can be described as slums in the usual sense of the word, there are many sections where deteriorated housing is found. Overcrowding in some neighbourhoods of the City is a problem today as it has been for many years. There are too few housing units available for the low income families and for the large families. The detrimental effect on family life resulting from living in overcrowded rooms, lack of privacy, and inadequate facilities is appalling.

The relationship between health problems and sub-standard housing is especially important. This Committee believes that it is not only poor economy, but poor treatment to return patients to sub-standard housing after intensive hospital care for illnesses which can be directly attributed to sub-standard living conditions. Damp, overcrowded, poorly ventilated homes with improper refrigeration or improper toilet facilities are the causes of some illnesses, and are the major factors in the spread of disease and infection from one member of the household to another.

There is a long waiting list for Housing Authority accommodation.¹ About 5,000 eligible families are now on

(1) See Chapter I, "Present Services in Metropolitan Toronto" for details on Housing Authorities in Metropolitan Toronto.

waiting lists of public housing authorities.¹ In view of the number of housing authorities, planning boards, and different levels of government involved in the housing field, the Committee is making no specific recommendations. In its view, this is a matter for the physical planners to tackle vigorously in co-operation with other interested groups, such as social planners, economists, architects, financiers and builders.

The Committee emphasizes that the matter of co-ordinating the work of groups who are directly concerned with housing problems is of great urgency and suggests that the Provincial Government take responsibility for dealing with this matter and bringing about some dynamic co-operative action. The nature of the vast program for housing is fully appreciated and the Committee looks forward to the Metropolitan Toronto Urban Renewal Study which has been proposed and which would involve community organizations including social planning groups. The Committee believes that continuing authoritative studies should be made to determine housing needs.

SERVICES TO OFFENDERS

Services to offenders are of major concern in large metropolitan centres. The bulk of services to offenders is provided by provincial and federal organizations, and therefore fall outside the scope of this Study.² Because of the important problems found in Metropolitan Toronto in serving persons who have come into conflict with the law, a special section on the offender is included here, with reference to provincial and national services only to the extent these are related to local services.

(1) Metropolitan Toronto Planning Board, Draft Official Plan of the Metropolitan Toronto Planning Area (1959)

(2) The Needs and Resources Committee, in setting the limits for this Study, agreed that those services would be included which are sponsored by, and whose budgets are determined by, local groups.

The field of corrections includes several elements such as punishment, treatment, reformation and rehabilitation of offenders. Government departments of all three levels and several voluntary organizations are actively engaged in work with offenders.¹ The Law Society, in co-operation with the County and District Law Association, provides legal aid services in Metropolitan Toronto. Legal aid is available for persons below a specific income level both for criminal offences and for civil actions with a few notable exceptions, such as non-indictable offences. In criminal cases referrals for legal aid are made by an officially designated officer of the Don Jail, by magistrates or by social agencies. A full time Director is in charge of this service and a panel of lawyers provides services to those recommended by the Director or referred by the Legal Aid Clinic. The Clinic is conducted in the City Hall one evening a week. Volunteer social workers are available at the Clinic.

The most serious problems identified by submissions made to the Committee were as follows: the need to expand training school facilities for juvenile offenders; the re-grouping of facilities for offenders based on age and severity of offence; hostels and other living accommodations for those on probation, parole, and after discharge from a penal institution; special detention and treatment facilities for youth; decentralization of both legal aid clinics and juvenile and family courts; and training of personnel for institutions and the after-care agencies.

Most of the above problems have been brought to the attention of the Minister of Justice's Committee on Juvenile Delinquency through a special brief prepared by the Social Planning Council. Therefore, the Committee recommends:

69. *That as soon as the report of the Minister of Justice's Committee on Juvenile Delinquency is available, the Social Planning Council initiate local study of this report to determine the implications for Metropolitan Toronto.*
70. *That the lectureship on corrections at the School of Social Work, University of Toronto, be established on a permanent basis.*

(1) For details of the government and voluntary organizations working in this field see Part One.

71. *That the Juvenile and Family Court be urged to decentralize in order to make its services more readily available to persons living in the outlying municipalities.*
72. *That the Law Society and the Province of Ontario be asked to review the present legal aid services in Metropolitan Toronto with a view to providing more comprehensive services throughout the Metropolitan area, including the decentralization of the Legal Aid Clinic.*

As shown in Part One government carries total responsibility in the traditional roles of law enforcement, administration of justice, and the administration of penal institutions. After-care and rehabilitation services continue to be the major areas in which the voluntary agencies are active. These services developed because of concern on the part of private citizens and religious groups for the spiritual and material welfare of prisoners. Voluntary work in this field began in the eighteenth century. Organizations such as the John Howard Society, Elizabeth Fry Society, Salvation Army, Catholic Rehabilitation Service, and the Church Army (Anglican) have given leadership and invaluable services in Metropolitan Toronto. Many of the major changes in philosophy with respect to handling the offender, as shown in the Archambault Report of 1938 and the Fauteux Report of 1956, were in large measure the result of untiring efforts and leadership provided by voluntary agencies interested in penal reform.

The importance of the voluntary after-care services was given special recognition in the Fauteux Report which states that

"The remission services have in recent years invited the co-operation of after-care agencies in the field of parole, administration This, we believe, constitutes one of Canada's most unique and valuable contributions to the science of corrections."¹

(1) Government of Canada, Department of Justice, Report of a Committee appointed to enquire into the Principles and Procedures Followed in the Remission Service of the Department of Justice of Canada (1956)

Throughout the Fauteux Report frequent references are found to the high calibre of services provided by the social workers employed by the voluntary after-care agencies. The value the Fauteux Report placed on these services is reflected in its specific recommendation that:

"Federal and Provincial Governments should increase their financial grants to voluntary after-care agencies in order to enable them to work more effectively in the correctional field."¹

In the view of the Committee, work with offenders is an area which should continue to be a co-operative effort between government and non-government organizations. The voluntary after-care agencies meet the principle enunciated in Chapter IV on "Financing of Health, Welfare and Recreation Services" as a basis for being reimbursed by government for services rendered. The Committee believes that these agencies have demonstrated their ability to carry part of the service in this field as economically, effectively, and efficiently as a government department. The experience of the voluntary agencies in dealing with the psychological and practical problems of ex-inmates of penal institutions cannot be duplicated within a government service. In view of the above the Committee recommends:

73. *That the Federal and Provincial governments review grants to voluntary, after-care agencies in the correctional field, and that they be increased to bring them more nearly in line with the actual cost of service.*

(1) Government of Canada, Department of Justice, Report of a Committee appointed to enquire into the Principles and Procedures Followed in the Remission Service of the Department of Justice of Canada (1956)

CHAPTER III

PLANNING AND CO-ORDINATION

THE SOCIAL PLANNING COUNCIL

The focus of social planning activities is on the needs of the community and the resources required in the resolution of its welfare and health problems. Planning must be dynamic and flexible, ready to meet new needs, adjust to new situations, and adopt more effective methods.

Social planning is made up of a number of related activities such as the diagnosis of need, formulation of proposals to meet the need, estimates of the cost and the resources to sustain the program proposals, and interpretation of both needs and services to the community. A social planning council's recommendations should focus on community needs and the services required and should be directed to the attention of appropriate groups such as government, fund allocating committees, and community service agencies. A planning organization's ability to influence, guide, and effect change depends on the quality and objectivity of its work and the calibre of its leadership. The planning body should have no administrative or executive control over direct service organizations or over fund-raising or fund-allocating groups.

The basic purpose of social planning organizations is planning, co-ordination, and consultation. They must guard against planning in isolation from other planning groups. Instead they should aim to provide effective channels through which individual agencies, government departments and physical planning groups may collaborate in their planning and, where feasible, co-ordinate their activities. Social planning organizations should take every precaution against assuming the role of spokesmen for the United Community Fund, individual community service agencies, or government.

The Need for Planning

The present situation in Metropolitan Toronto, as disclosed and confirmed in this Study through background papers, agency submissions, and workshop discussions, requires more effective and imaginative planning and co-ordination. There

are three or four hundred organizations and departments of government offering some kind of service. These organizations have eligibility requirements such as age, sex, nationality, religion, and area of residence. In addition, there are differences between the thirteen municipalities of the metropolitan area in the quality, quantity, and scope of services offered by the public departments.

The gaps and inequalities in both the voluntary and the government services are partly the result of the rapid expansion of the metropolitan area. But there is insufficient research, lack of planning and co-ordination of effort, and lack of consultation between the various groups engaged in planning and providing services. Federal, provincial, and municipal governments are planning large scale programs in health, welfare, and recreation; similarly, physical planning groups and housing authorities are developing plans that have a direct relationship to, and effect on, the welfare and health services. Often the voluntary community agencies are planning alone. Many of the submissions to the Study suggest that the voluntary agencies are proposing expansions and new work without relationship to other agencies in the same field making similar plans. Some public departments clearly indicated their future program while others did not see fit to report plans of some magnitude.

There is also a lack of knowledge on the part of staff, board members, and volunteers of services other than those to which they are directly related. Again this emphasizes the need for better communication between the individual organizations, between voluntary organizations and government, and between voluntary groups.

The competition for the "welfare dollar" often leads to decisions based on expediency or a response to pressures. This could lead to a perpetuation and aggravation of the existing imbalance of services. It is urgent to have effective co-operation among agencies, long-range planning, research through a central planning organization, and an effective system of priorities.

The Role of the Social Planning Council

The Needs and Resources Study is the most comprehensive community research and planning endeavour undertaken by the Social Planning Council of Metropolitan Toronto. The objective of the Council is to promote an effective

well-balanced program of welfare, health and recreation. To achieve this purpose the Council has undertaken special projects and studies, brought groups of citizens and agencies together for joint consultation, and provided reports and recommendations on comprehensive community needs to government, the United Community Fund, and individual agencies. It has made studies of agencies and groups of agencies; provided professional staff for study and project committees; and has undertaken limited research. Area councils have been organized through which government and voluntary agencies, citizens' groups and interested individual citizens have studied the welfare, health and recreation needs of local areas, and the resources required to meet them. Throughout its history the Council has interpreted the needs of people in Metropolitan Toronto and drawn attention to both deficiencies and achievements in community service.

(a) Program and Planning

The need and the demand for studies and projects in Metropolitan Toronto is at all times in excess of the number that can be undertaken properly. From the point of view of the Social Planning Council an integral part of studies and projects is the involvement of those most concerned and the implementation of the recommendations. Although the Council does not undertake direct provision of services, it is vitally concerned in the action arising from its studies and recommendations. For this reason, in planning its program, the Council must take into account the length of time which may be required for consultation following completion of a study before there is execution of the recommendations.

This Committee, therefore, recommends:

74. *That the Social Planning Council establish program priorities in order to make the most effective use of volunteer and paid staff, facilitate implementation of recommendations arising from studies, and ensure the involvement of all interested parties in carrying out its projects.*

(b) Area Councils

Although the importance and potential role of the Area Councils has been recognized since they were first organized in 1957, the Committee considers that the functions of the Area Councils are not clear. They appear to act at a variety of levels, and the activities of the Area Councils

are not always co-ordinated with the major activities of the Social Planning Council.

The Committee considers that the Area Councils might be expected to identify problems and needs, to function in an interpretative and educational role, to assist in projects and research undertakings of the central Council, and, where appropriate, assist in the implementation of Council projects. The Area Councils cannot be expected to do planning for their own areas in the same sense as the Social Planning Council does for the metropolitan area. Many problems have to be studied on a metropolitan basis and many in collaboration with senior levels of government.

The Committee, therefore, recommends:

75. *That the Social Planning Council re-examine the present statement of the function of the Area Councils and the boundaries of the existing Councils.*

(c) Research

Because maximum effectiveness of Council projects depends on fact-finding and determination of need, research should underlie all its studies. Liaison should be maintained also with other groups conducting research in community welfare.

The Committee, therefore, recommends:

76. *That the Social Planning Council give urgent consideration to enlarging its research department, including the appointment of a technical committee to maintain a close working relationship with the research department and its work, acting in an advisory capacity on any research proposal.*

(d) Council Staff Consultation

The Social Planning Council provides professional consultation for community groups such as welfare, health, and recreation agencies, for project and study committees, and for fund-raising, and fund-allocating organizations. The professional consultants should provide information on community needs and services, changes in legislation and rulings and major new developments in the welfare field. The consultants should be available to interpret studies and reports and relate them to the work of the individual agencies and groups of agencies. The Committee believes that one of the important roles of the consultants is to prepare reports on agencies or groups of agencies on request.

It is understood that agencies, or groups of agencies will be advised when such reports are submitted. The consultants role is also significant in relating acceptable and improved standards of service to local welfare and health programs. The Council consultants should be of service to United Community Fund budget committees, charitable foundations, and other fund-allocating organizations.

The Committee, therefore, recommends:

77. *That the consultation services of the Social Planning Council should be strengthened and that consultant staff should give a major portion of their time to consulting work with agencies, community groups, and study committees.*

The Committee feels that a Council consultant should not carry any direct staff responsibility or secretarial duties in organizations other than the Social Planning Council. For example, the practice of having members of the Council's staff acting in some cases as secretaries to budget committees of the United Community Fund has lessened their effectiveness as consultants. It has confused their role to budget committees, and community health and welfare agencies.

(e) Co-ordination and Planning

The tendency of social planning councils is to set up too much cumbersome machinery. The Committee believes the Council staff should deploy their energies and talents where they are of the greatest value, namely, giving consultation and working on studies and research. It is the further view of the Committee that the membership sections have proved complicated to operate and have not been effective.

The Committee, therefore, recommends:

78. *That the Social Planning Council place greater emphasis on planning and co-ordination. To achieve this change in emphasis the Council must become project-centred.*
79. *That the Social Planning Council discontinue the present membership sections and that other channels be developed through which organizations with similar interests may come together for joint thinking, for identifying needs in their fields of service, for planning institutes, workshops, and public meetings, for exchanging information, and for making recommendations to the Board of the Social Planning Council.*

(f) Common Services

Traditionally councils have provided certain common services to particular organizations or to groups and individuals wishing to be referred to, or affiliated with, community organizations. These services bear a direct relation to its planning, co-ordinating, and consultative functions. The common services of the Social Planning Council include a Christmas Bureau, Information Service, Volunteer Bureau, a Recruitment Committee, and a Personnel Review Committee which provides consultation on job classification and salary plans.

In 1959, the Social Service Index which had been in operation for many years was closed. The Index provided a confidential registration of families and individuals known to the community health and welfare agencies. Its objectives were to prevent duplication, to provide more effective service, and to promote economy of effort and expense in the provision of services. The Index itself had no direct relationship with those registered, nor did it have any information about the nature of the services being given. Its registration files were considered highly confidential and available only to organizations who met specific requirements. By 1952, the use of the Index had fallen off to such an extent that its value was questioned. This service was for the assistance of those organizations giving direct aid to families and individuals and it was the decision of the agencies themselves that the Index should be discontinued. This was because of the refusal of some of the agencies to register their clients; the failure of agencies who used the Index to follow the policies set down by the Index; the unit cost of the service, which because of diminishing use was extremely high, and the abuse by some agencies of information supplied by the Index.

Since the closing of the Index numerous groups, such as the family agencies, youth agencies, and those serving homeless and transient men, have requested its reinstatement for those organizations which wish to participate. In organizing a new Index, there should be new practices, new policies, and clear agreements prior to its operation. Agencies stress that an Index is required in special fields of service because of the nature of problems coming to their attention, particularly in the field of multi-problem families, persons seeking financial aid and shelter.

In view of the above, the Committee recommends:

80. *That the Social Planning Council give early consideration to the establishment of a new Social Service Index; and before doing so, that those agencies which have indicated the need for this service be called together for the purpose of clarifying the purpose and procedures to be followed.*

Noting the wide general need for consultation and guidance in all matters relating to personnel policy and practice, the Committee recommends:

81. *That the Social Planning Council consider extending the services of the personnel consultant and Personnel Review Committee to include other services and consultation to agencies and organizations on matters such as personnel policies and practices.*

The value of the Social Planning Council's Information Service was emphasized in the submissions and at the workshop discussions. It was suggested that this service be decentralized and brought to the attention of the public. However, it is predominantly a telephone service. The information accumulated with respect to a wide range of community resources as well as many unmet needs is of constant value to the consultants of the Social Planning Council and to project committees.

Therefore, the Committee recommends:

82. *That the Information Service continue as a department of the Social Planning Council but that every effort be made to give this service greater publicity and visibility.*

(g) Membership Policy

The effectiveness of the Council's job is dependent on the interest of citizens and on the co-operation of voluntary services and government officials. The membership of the Council is predominantly on an individual basis. Organization memberships dropped substantially after 1959 when the membership fee policy was revised requiring a flat \$25 fee from all organizational members, both Fund and non-Fund. The Committee notes with interest, however, that the Council is working with many more organizations in projects and studies than prior to 1959. Many of these are not members of the Council.

The Committee, therefore, recommends:

83. That the Social Planning Council review its present membership fee policy in order to stimulate growth of membership, and particularly organisational membership, in the Council.

(h) **Financing**

Approximately 90 per cent of the financing of the Social Planning Council comes from the United Community Fund. The work of the Council will need increasing support over the next five years.

The Committee, therefore, recommends:

84. That the Corporation of Metropolitan Toronto greatly increase its financial support to the Social Planning Council; and that the Social Planning Council make every effort to increase its income from fees for service and from foundation grants in order to bring the Council's income from these sources more nearly to a level with the support it now receives through the United Appeal.

The Council is at present providing substantial consultation to some organizations or groups of organizations, sometimes with a fee and sometimes without a fee. In view of the desirability of increasing the Council's income from fees, the Committee recommends:

85. That the Social Planning Council develop effective policies with reference to fees for service, establishing conditions and rates to be charged therefor.

THE USE OF HUMAN RESOURCES

Introduction

At no time will the human resources available for welfare, health, and recreation services be adequate if present methods of recruiting, training, and using these resources are continued. This is true for medical and nursing personnel, recreation workers, social workers, homemakers, and the great army of volunteers that serve these several fields.

The reasons for this situation are the rapid expansion of services, growth of demand, increased specialization and professionalization in the provision of services, coupled with lagging opportunities for training. Competition from other professions, which present greater opportunities and financial reward, adds to the problem of recruiting from the limited number of available high school or college graduates. The professional worker in the welfare field is a relative newcomer and is not accepted as are those of the "senior" professions. The period of training is longer and more demanding than that required in some other comparable professions, and the status and monetary rewards are less. Moreover, the professional welfare worker has had to establish himself in an area of activity traditionally assigned to the volunteer. There still is resentment and resistance (some of it unconscious) to the standards of work which the profession demands. The result is a shortage of professionally trained workers and an inadequate deployment and use of the volunteers.

Another factor has contributed to the difficulty. The growth of community financing of services, both by government and by the Funds, has led to a widening gap in understanding on the part of the general community of welfare issues. The growth of professionalization has removed many of the former opportunities for the volunteer to have direct contact with people in need and the growth of community financing has deprived him of the other direct relationship to the services, that of raising the money required for individual services. With the best will in the world the ordinary citizen cannot maintain the lively interest and concern that is required for understanding without a direct relationship with the services that are meaningful to him. This is one of the greatest problems facing volunteer effort. The situation is illustrated in a number of ways. The growth of the organization and the program for retarded children is a classic example of both the value of volunteer effort and the motivations that must prompt this effort. Recognizing the motivations of volunteer effort and that the opportunity for direct giving of oneself has been removed, the advertising campaigns of the Funds have placed emphasis on compassion.

At the same time that the role of the volunteer becomes more remote, the professional, although providing a more specialized and qualitatively superior service, has not been able to delineate precisely the functions he performs. The result has been a decline in the co-ordination of volunteer and professional and a general withdrawal of citizen

participation similar to that in public affairs generally. This situation was recognized in many of the agencies' submissions. However, the Committee was encouraged to find genuine interest in seeking a more meaningful partnership between paid staff and volunteer. Many of the submissions advanced ideas for participation by volunteers in direct service to the client where the training and experience of the volunteer could be used readily.

To deal with this situation this Committee is of the opinion that the use of volunteer citizens must be developed with greater skill and thoroughness. With increasing leisure time, this traditional source of strength should be exploited fully. There must be a concerted drive to recruit professional workers as well as a sharper description of the jobs which paid workers may be expected to do. The Committee suggests that a study of the internal organizations of agencies may indicate modifications in current practice that would make better use of the available and potential human resources.

Local needs for personnel should take into account influences from beyond Metropolitan Toronto. Demands and attractions for staff come from other centres, as well as from other fields such as personnel and teaching. Professional standards influence local practice. The Committee wishes to draw attention to the work of the Commission on Education and Personnel of the Canadian Welfare Council and the Advisory Council on Public Welfare Training to the Minister of Public Welfare in Ontario.

Citizen Volunteers

(a) As members of boards, commissions, advisory committees in both government and voluntary services

Citizen volunteers have served for many years as members of boards of voluntary agencies and in some instances in government-sponsored organizations (e.g., Alcoholism Research Foundation). They also have served as members of boards of health, library boards, and as members of public advisory committees and commissions. The Committee is of the opinion that qualified citizens and members of elected municipal councils or the administrative officers meeting in common cause of public services is an effective way of using the knowledge and experience of citizens and of keeping government in touch with the best in public attitudes and thinking. At the same time, the Committee wishes to point out that the successful use of citizens on government boards and committees

requires a clear delineation of the functions of the citizen group. The Committee believes that a clearer definition of the respective roles of board and committee members and professional staff would be useful in voluntary agencies and organizations. This is necessary to make the best use of the knowledge and skill the board or committee member brings to the operation, within the time limits during which the volunteer may be available, and to make the best use of the highly skilled personnel employed by the organization.

The Committee recommends:

86. *That government at all levels give consideration to ways whereby voluntary citizen participation on boards, commissions, and committees can be increased in government social welfare services.*
87. *That both government and voluntary groups give special attention to the ways in which volunteer officers and members of boards and committees can make their most effective contribution.*

(b) In direct and supporting services

The volunteer brings special knowledge and skills which must be recognized and co-ordinated with the professional worker's contribution, to extend and enrich the service being offered. Since the professional worker is the one with basic responsibility for the service, the establishment of effective co-operation between the professional and the volunteer depends on the professional. The professional worker must be willing to use effectively the knowledge and experience of the volunteer. Volunteers should be given assistance such as handbooks, staff direction and orientation, and training.

The Committee, therefore, recommends:

88. *That budgets recognize the importance of sufficient staff help for volunteer services to have optimum effectiveness.*

The Committee considers that the recruiting and training of volunteers should be done on a community and inter-agency basis. This would permit the organization of courses in the understanding of people, the community, and the social services. Such courses would have value in providing interpretation and understanding of the community, as well as being a device in the recruiting and training of volunteers.

In the case of teenagers and young adults, who constitute a potential source of greater volunteer help, such courses would be a useful contribution to future staff recruitment.

The voluntary services of community organizations such as service clubs and fraternal groups are very valuable. They should be expanded and co-ordinated with other efforts to mobilize volunteer activity. Information about potential projects requiring sponsorship should be compiled in order that sponsors could choose programs for which there was a definite need. Such co-ordination would ensure that sponsorship of projects would be initiated and terminated responsibly.

The Committee, therefore, recommends:

89. That the Social Planning Council, in consultation with government and voluntary organizations, expand where desirable, by areas of services, its program of basic courses for volunteers on the needs of people and community services, which would supplement specific in-service training courses conducted by departments, agencies, or organizations; and explore with the Department of Extension, University of Toronto, the possibility of its accepting some responsibilities in this regard.
90. That the Social Planning Council strengthen its advisory and consultative services to government departments, agencies, and organizations on the appropriate use of volunteers.

Paid Staff

(a) Recruiting Career Staff

The Committee considers that the recruitment and training of staff is too important to be left to the professional groups alone, and that the urgency of the question demands concerted community effort. Personnel in this field are not self-employed and the government, voluntary agencies and organizations, planning councils, and community funds have a responsibility to make certain that the services are staffed properly. At the same time, there is no possibility that graduates of professional schools will be available to fill all the positions of the welfare, health, and recreation services. Other ways of providing personnel for services will have to be developed. One of these is through

greater use of volunteers. Another is to recognize that there are a number of positions in the welfare, health, and recreation field that do not require graduates from professional schools.

Although there is a good deal of evidence that trained social workers are in short supply, there is no comprehensive and reasonably exact knowledge of the number of vacancies. This lack of information is complicated by the need for job analyses and job descriptions.

Moreover, because of the heavy immigration into Metropolitan Toronto, there is a need to attract people to social work who have the cultural background and language of the immigrant groups. The National Employment Service, also, should have an important part in the total program of professional placement. Every advantage should be taken of national or provincial studies, particularly that of the Commission on Education and Personnel of the Canadian Welfare Council.

The Committee notes with satisfaction the initiative taken by the federal government in the implementation of the welfare grants and research grants programs. It is hoped that this will stimulate the private sector to comparable action in the provision of bursaries, in-service training, and recruiting. The Committee expects that the Canadian Welfare Council Commission on Education and Personnel will have recommendations on this subject for the guidance of fund-raising and voluntary agencies.

In view of these considerations the Committee recommends:

91. *That a planning and advisory service be established in Metropolitan Toronto to improve the recruitment and training of staff for the welfare, health and recreation services and that this service be established as a service of the Social Planning Council.*

The purpose of such a service would be to promote and facilitate the development of adequate programs of recruitment, a broad range of training programs, and the best possible use of paid or volunteer personnel. This would be done in conjunction with professional schools and associations, public and voluntary services, the National Employment Service, and appropriate community groups. Such a service would require professional staff primarily experienced in education, administration, and personnel and an advisory committee of qualified lay and professional persons. It should include the present Social Planning Council services

of Personnel Consultation, the Volunteer Bureau, and the present Personnel Classification and Salary Guide project. It should be established and continue to function in close collaboration with the Ontario Welfare Council and the Canadian Welfare Council. The additional financing required for improving and co-ordinating the work in this area and adding extra services should, for an initial period be obtained from foundations.

The Committee further recommends:

92. That those responsible for recruiting programs in the social services direct a more vigorous campaign towards those who are multi-lingual and of various ethnic backgrounds; encourage the establishment of bursaries and training grants by ethnic groups and citizenship and immigration organizations; and intensify courses now being provided for present staff in the languages and cultural backgrounds of recent immigrants to Metropolitan Toronto.

(b) Training of Staff

The problems of training for paid staff revolve around the short-term need for immediate up-grading and the long-term need to develop adequate patterns of training. At present too high a proportion of those joining agency staffs are high school or university graduates without professional training. A variety of courses for up-grading exists but there is need for direction and the provision of a co-ordinated and flexible pattern of training opportunities. Present in-service training courses have been developed to meet particular needs and are inevitably narrow in focus and provide no educational standing in a field of service. Standards of education and recognized certificates are essential and courses and/or examinations set by schools or standard-setting bodies would be a beginning at meeting the need. If there were opportunities for basic and secondary training for several fields of service, in-service training could focus on orientation within the agency or organization. It also must be recognized that, even when programs of training are available, incentive, as reflected in certificates and salary differentials, is important.

In the development of adequate patterns of training, the scope of social work teaching centres must be expanded to provide more opportunity for advanced courses. An enlarged concept of selected social agencies as teaching

centres and the concept of internship should be developed. An important aspect of this problem is the lack of a sufficient number of field work placements. To correct this will require action by the School of Social Work together with agencies, public departments and the professional associations. As the same time, the quality of the professional teaching schools and teaching centres is closely related to the quality of practice in the field, and in any expansion of teaching facilities, high standards must be maintained. Another important contribution to professional training would be the development of major courses in welfare at the undergraduate level in universities.

The Committee has expressed its opinion on this question as follows:

93. *The General Committee commends and supports present explorations of the need for undergraduate degree courses and technical courses in social welfare now being initiated by the Canadian Welfare Council Commission on Education and Personnel, the Advisory Council on Public Welfare Training to the Minister of Public Welfare in Ontario, the Department of Education (for Recreation Directors), and such other schools and universities as are actively considering adding to the present educational opportunities for formal training in this field.*
94. *That the School of Social Work, University of Toronto, and the Canadian Association of Social Workers be urged to join in studying the possibility of establishing under University Extension auspices, a comprehensive program of courses in social work suitable for untrained and partially trained workers while employed in the field. In developing such a program, the use of federal training grants should be explored; and successful completion of courses should be recognized by appropriate credits and certificates acceptable to employing agencies, and also in job descriptions and salary schedules.*
95. *That the Social Planning Council offer its services to initiate in co-operation with government and voluntary agencies and organizations regularly recurring seminars and institutes on current trends and developments in social welfare and social work.*

Internal Operations

The policies and operations of any one organization will determine in large measure the effectiveness of attempts to alleviate problems of staffing the services. Internal operations should therefore be modified and reorganized to make the best use of personnel and to assess the ability necessary for a given job. These assessments then should be related to the qualifications required of prospective personnel.

There is a great deal to be done in analysing services for the purpose of describing the component jobs and establishing related, appropriate qualifications and salary scales. A Social Planning Council survey of job descriptions requires updating and broadening to include voluntary and government services.⁽¹⁾ Any new job description survey should include the following steps:

- an analysis of the service to be provided and the appropriate positions required to perform this service;
- the qualifications necessary for the individual job;
- the salary appropriate for each job;
- those agencies for which volunteer assistance is appropriate, on the basis that any analysis of services and jobs should include the voluntary component.

It is recognized that there are considerable gaps in job descriptions, and that such surveys and assessments must be related to the individual organizations; to the ways in which services relate one to another; to the degree to which common facilities might be used or consultant staffs shared; and, of course to the standards. A special project of the Canadian Welfare Council Commission on Education and Personnel is directly focussed on this problem and should be of real assistance in dealing with the local situation. In addition, other work of the Civil Service Commission, the Ontario Welfare Council, the Advisory Council on Public Welfare Training to the Minister of Welfare, and other sources of continuing study and planning will affect local projects which may be undertaken.

The Committee recognizes that any consideration of the use of human resources must include a major focus on the

(1) Welfare Council of Toronto and District (now Social Planning Council of Metropolitan Toronto), Personnel Classification Study, Preliminary Job Classification Material (March, 1955).

ways in which such resources are used, and particularly the analysis and allocation of jobs to paid staff.

The Committee therefore recommends:

96. That the planning and advisory service referred to in Recommendation 91 include the following objectives in its initial undertakings:
 - (a) to encourage government departments, agencies and organizations in the analysis of services, jobs and salaries of employed staff and the particular tasks suitable to volunteers.
 - (b) to promote, in co-operation with government, voluntary agencies and organizations, and professional schools such as the graduate School of Social Work and the School of Business, studies of administrative structures and practices affecting the use of staff, including: re-assessment of supervisory methods with special attention to group supervision; increased emphasis on unit costing; and the simplification of recording practices, possible expanded use of personnel officers, comptrollers, and administrators to free non-administrative staff to concentrate on the service aspects of the organizations.

A proposal was made during the course of the Study that an agency might be established which would employ groups of skilled personnel who could be shared by a number of agencies not requiring such staff on a full-time basis. The Committee suggests this idea be given further study by the Social Planning Council.

RESEARCH

Introduction

Although the need for research hardly requires demonstration, it is particularly important in social welfare where volunteer citizen participation in policy and decision is valued so highly. To make decisions that are grounded only in tradition, hunches, or personal interest is a waste of time and money, and this is doubly so when, as at present and in the foreseeable future, needs so clearly outrun resources.

Operational Research

The Social Planning Council should strengthen its operational research program. Operational research may be characterized in three ways. In the first place, the research program is focussed on problems identified by administrators or policy-makers. In the second place, once the problem is identified, the research workers define the subject and establish the research design. Thirdly, although there is no interference with those who conduct the survey, those who posed the problem are drawn into the inquiry at appropriate intervals. This last characteristic is important if the research is to lead to sound action.

Because in operational research policy-makers and administrators are expected to pose the problems and to assist in the later stages of the research study in determining the lines of action, it is important that the research department have the assistance of a strong advisory committee. Such a committee is expected to provide technical assistance in the conduct of research, since this has become so highly specialized, and to support the research workers in maintaining the objectivity and autonomy necessary for effective work.

Two Major Problems

Although there is agreement on the need for research in the welfare field, there are two general problems which the Committee wishes to bring to the attention of the public. There is a lack of funds to support welfare research and a consequent lack of trained personnel. There is also a need for greater co-ordination in welfare research and between research in welfare and that in health.

(a) Lack of Funds and Personnel

Funds for social welfare research are meagre. The main sources of support are a few foundations, the governments, and the United Appeals. It is fair to say, too, that while research in the health field has received considerable attention during and since World War II, social welfare research has lagged lamentably far behind. "In the field of social welfare there is little organized research effort at the moment, there are few or no outside funds available and, consequently, the resources of qualified research manpower

are equally scanty." (1)

The Committee therefore recommends:

97. That the Social Planning Council, in conjunction with other appropriate bodies, stimulate financial support from governments, universities, foundations, United Funds, and other interested groups for social welfare research.

Elsewhere in this report are recommendations regarding the need for qualified staffs, training opportunities, and recruitment schemes. The need for special attention to personnel for social welfare research is particularly acute because, until recent years, Canada has paid little attention to the research component in social welfare and has done little to train personnel. Today, however, increasing numbers of social planning councils, universities, United Appeals, government departments, and individual organizations are seeing the need for qualified research personnel.

The Committee recommends:

98. That the University of Toronto School of Social Work and the professional associations initiate and implement recruitment programs that will encourage and attract those inclined toward a career in research in the social welfare field. (2)
99. That the University of Toronto School of Social Work increase the research component of its present graduate curriculum with special emphasis for those with particular and keen interest in research.

(b) Lack of Co-ordination

There is a lack of co-ordination in, as well as a lack of funds for, research in social welfare and related fields. This need, and that for urban research generally, has been recognized by the recent formation of the Canadian Council on Urban and Regional Research, and the Toronto Area Research Conference. The Committee, in recognition of the national implications of the need for funds, personnel, auspices,

(1) Canadian Welfare Council, National Agency Review Committee, A Policy Statement on Research (Ottawa; 1961).

(2) See also Recommendation 91.

facilities, and co-ordination in the social welfare research field, recommends:

100. *That the Department of National Health and Welfare convene a national conference on social welfare research that would bring together representatives of foundations, universities, government bodies, social planning councils, professional groups, existing research groups, including the Canadian Council on Urban and Regional Research, individual agencies and organizations for the purposes of concentrated action on problems relating to social welfare research in Canada today.*

There are a number of organizations in Metropolitan Toronto conducting research projects on various social problems (multi-problem families, school drop-outs, alcoholism, drug addiction, corrections) but there is little co-ordination of effort, communication or collaboration among the various bodies. The formation of the Toronto Area Research Conference was one response to these needs. Proposals also are being advanced in the University of Toronto for the formation of an urban research centre.

The Committee therefore recommends:

101. *That exploratory discussions with appropriate bodies be inaugurated by the Social Planning Council with a view to establishing a Research Centre that would include social welfare research within its program.*

ESTABLISHING PRIORITIES FOR SERVICING AND FINANCING

The Need for Priorities

Priority judgments and decisions on the development and financing of social services are continually being made consciously or otherwise. Not only is this true now but it will remain true as long as needs outrun resources, which is likely to be as long as human society remains. There are two phases of the problem thus created: to make the "best" judgment possible, and to search for ways of extending resources to meet the needs. In this section of the report there are a number of possibilities dealing with each phase of this problem.

For a number of years the Social Planning Council has been preparing priorities reports. These reports, however, have been limited in scope to recommending priorities for the financing of local services participating in the United Appeal. They are prepared on an annual basis and are not based on any precisely formulated long-term projections of needs and resources. Therefore, in Metropolitan Toronto there is still to be developed a comprehensive priorities system embracing all services: Fund, voluntary non-Fund and government. In the opinion of the Committee, there is wide community acceptance at least in principle for such an approach, although undoubtedly the successful implementation of a plan will take time, and will require continuing interpretation.

The need for guidelines in the years ahead for the allocation of funds was emphasized by the Needs and Resources Study Workshop Paper on Financing. Referring to the United Appeal agencies, the Paper estimated that in 1966 a need-based United Appeal goal would be in the vicinity of \$15.3 million. Funds available to meet this goal in 1966 (as forecast by the United Appeal) might be at the minimum \$10.3 million and are unlikely to exceed \$11.7 million.

The Nature of the Task

Social planning is primarily concerned with social needs, i.e., needs which the community has recognized and for which it has assumed some measure of collective responsibility. It is therefore important that there is wide community understanding of welfare problems.

Action in seeking solutions to social problems and in establishing priorities among them must be based in the final analysis on value judgments of many kinds and upon the assessment of community values. These are subjective judgments. Efforts have been made in some communities to render judgments more objective or scientific through the use of mathematical ranking devices. While there is need to base judgments on established facts and to use some criteria or guidelines, the Committee would recommend against mechanistic means of determining priorities. As noted in study paper No. 8:

"the objective of a system of criteria is not to provide a substitute for those individual and group judgments that the determination of priorities inevitably reflects. The role of criteria

is rather to make the exercise of judgment more visible, conscious and consistent. Priorities cannot and should not be divorced from the issue of values. The really important issue is what values are considered to be significant."

The task of priority setting, therefore, involves an understanding of community-wide problems and attitudes; a solid basis of facts upon which judgments are made and subsequent assessment and evaluation is based; actions designed to make resources as productive as possible, and the development of community-wide understanding of welfare problems.

The Essential Elements in an Adequate Priority System

The priority system should deal with all services, public and voluntary, since these services are inter-related and they can be considered only on a comprehensive basis. Priorities should be related to changes or trends in needs and resources over an adequate period of time--a period of at least five years. Such a planning period is necessary if objectives adequately reflecting community needs are to be established. The basic approach to priorities should be understandable and acceptable to the community at large and usable by lay and staff members of social service organizations. The planning should be concerned with the costs of a service, as compared to costs to the community if it was not provided, and costs of alternative means of providing services. Comparative costs should be only one of the major factors in reaching a decision regarding any particular service. Generally information on costs derived wherever possible, from functional budgeting, should be available along with other information on the nature of different services. This is important for public as well as voluntary services.

It is also important that those who make recommendations for government and voluntary financing be aware of what, in dollar expenditure, they are asking the citizens to meet. Therefore, the planning and financing process must be closely integrated.

The effectiveness of priorities depends in the last analysis on the degree to which they can guide decisions about the actual allocation of funds.

Guidelines for Priority Determination

In the determination of priorities there are two major guidelines. On the one hand those concerned should work towards a balanced program of services. On the other they must try to see that, in terms of patterns of service and administrative methods, needs are met and dollars expended as effectively and efficiently as possible.

(a) Over-all Balance in Services

Funds should be so allocated as to maintain or develop a proper balance among services established to meet social needs. The Committee feels that no one can provide an exact description of what this balance should be but efforts to achieve it should guide judgment in determining priorities. There are, however, three kinds of balance to be achieved.

There should be a balance in the geographic distribution of the services provided in the various municipalities or areas of Metropolitan Toronto. This does not mean of course that there should be equal per capita expenditures in the different municipalities. But geographic disbursement of funds should reflect geographic incidence of need. However, in arriving at geographic balance, care should be taken not to spread services too thinly. There would be a danger of undertaking half-measures in some areas if geographic balance was the only criteria.(1)

There should be a balance in the services provided to the major groups in the community, for example for youth, families including children, older persons, or unattached adults. In determining an adequate balance a broad range of factors need to be considered, such as the number of potential users of the service, the seriousness of the need to be met and the probable effectiveness of the different services provided or proposed. Though the comparative allocation of funds among the major groups should be borne in mind, it should be remembered that actual dollar disbursements would not necessarily reflect balances or imbalances in the pattern of services. Costs of providing needed services may vary among groups.

There also must be a functional balance between types

(1) See comment on integration of public welfare services, Chapter II, "Public Assistance."

of services, many of which are highly inter-related. A particular service should not lose effectiveness because of the absence or shortage of a necessary related service. The importance of homemaker services to child care or home care for adults, or the need, expressed by agencies in a variety of fields, for psychiatric consultant services are cases in point. There also may be variations among programs in the stages of development or levels of service they have reached.

(b) Efficiency in Operation

There is an implicit assumption that resources are disbursed in such a way as to achieve maximum effectiveness. If this is not so, however, the priorities system is undermined. Four elements in the efficient use of resources are: administrative efficiency; adequate budgeting procedures; staff performance; and co-ordination and integration of related services. The word efficiency is used in the broadest sense and in priority planning and implementation efficiency has two connotations. It is necessary in order to achieve the best provision of services for meeting needs, and in order to provide a guideline in establishing priorities among various services.

A Needs and Resources Commission

In view of the importance of a comprehensive approach to the problem of priorities this Committee recommends:

102. *That the Social Planning Council, after consultation with appropriate government departments, the United Community Fund, and non-Fund agencies, assist in the establishment of a Needs and Resources Commission for the general purpose of developing priorities.*

The Commission shall have the following terms of reference:

The Commission shall recommend for the consideration of all agencies and governments in the Metropolitan area and the United Community Fund and Social Planning Council, such lines of action as it thinks necessary to secure and maintain a balance of effective service in the area. The initiation of new services should be examined in this context as well as the development and extension of existing services. In so doing the

Commission would not attempt to assess priorities as between agencies and/or departments but would attempt to assess priorities between needs. It would recommend where emphasis for a given period of time should be placed in service development and financing if balance is to be maintained or created. It might set selected targets for community action.

As a basis for its recommendations the Commission would prepare annual five-year projections of both needs and resources with yearly revisions and extensions.

The Commission would be expected to give consideration to efficiency of operation and also to patterns of service as these determine the effectiveness of services and to different methods of meeting needs.

Although it is not contemplated that the Commission assume responsibility for recommending specific dollar allocations for different services, it would be expected to take account of financial considerations. Thus the Commission would, in addition to assessing comparative need for a service, make recommendations regarding most appropriate patterns of support. It might, depending upon the situation, recommend government financing, Fund financing, voluntary non-Fund financing, or a combination of any of these.

The effective involvement of the public in welfare activities is an integral element in the establishment of priorities since in the last analysis the priorities that are set represent a community value judgment. For this reason the Commission must engage in a continuing educational and interpretative program so that the welfare community and general public may be aware of the changes that are taking place and the issues involved.

The Commission shall be large enough to have adequate representation from the major community interests and should have an equal number of persons from government and non-government services, chosen because of their knowledge and experience, and their capacity to give responsible consideration to broad community interests.

Continuing research will be required by the Needs and Resources Commission for the preparation of its five-year projections. With regard to projections of needs, the studies and the research necessary to support them should be supplied by the Social Planning Council. Also, if, as recommended in this report, a basic concept in developing priorities should be one of balance, then comprehensive information will be needed to permit an assessment of the existing situation at any time.

At the same time all agencies should undertake similar projections of their needs. These would provide basic data for the Commission and also facilitate agency planning.

It will be necessary also to make projections of available resources, both financial and human, over the five-year period. This information should be available to the Needs and Resources Commission at all times and its collection, through study and research, should be an accepted responsibility of voluntary and government agencies working together.

The Committee therefore recommends:

103. *That all community welfare, health and recreation agencies prepare their budgets on a five-year basis.*
This recommendation envisages:

that for federated financing, the United Community Fund would maintain studies to show the probable receipts each year and over the five-year period

that all agencies would prepare plans and programs for the five-year period and plans and programs and budgets of agencies would be corrected each year with only minor corrections in the one-year and two-year projections.

The Committee believes that the advantages of such a proceeding would enable

the agencies to plan on a long-term basis and the United Community Fund and other financing bodies could engage in long-term educational and interpretative work with the community at large. The Fund also could develop and improve its methods

of projecting trends in giving and to modify its approach based on such projections.

(a) Projection of Five-year Programs

In preparing their five-year programs and budgets the agencies would have the Commission's priority recommendations and the over-all projections of needs and resources as prepared by the Needs and Resources Commission. These would include data on demographic and other significant social trends. The agencies also would be able to base their plans upon the financial resources likely to be available to them in light of the United Appeal resources forecast. At the same time the Needs and Resources Commission would have agency planning available for its community studies. There should be a close functional relationship between priority planning and agency planning and financing.

(b) Consultative Services

Efficiency as a guideline to determine priorities will require centralized advisory services regarding agency administration. Also, to assess and project financial needs, to determine comparative costs, and to obtain fuller budget data, the development of functional budgeting will be necessary. Functional budgeting involves the identification of the different services provided by an agency and the application of unit costs to each of the services.

The Committee therefore recommends:

104. *That the United Community Fund in co-operation with the Social Planning Council, work with agencies in the development of methods of functional budgeting.*

The Committee sees this undertaking being developed on an advisory basis working only with those agencies that are ready to proceed with functional budgeting. The Committee also feels that government and non-Fund agencies should be encouraged to set up functional budgeting where they have not already done so, and that the Fund and the Social Planning Council should be ready to share their experience and collaborate with them on request. The Committee recognizes that this approach needs to be backed by research and can be done effectively only with the active co-operation of the agencies.

(c) Financial Aspects of Priorities

Both public and voluntary services are financed on an annual basis, and voluntary services are dependent upon the results of annual appeals to the public. Hence, planning, particularly on the voluntary side, is undertaken with no certain knowledge of what funds will be available. For example in forecasting United Appeal income for the next five years, the Workshop Paper on Financing listed a number of exceptions that could either raise or lower the forecasts. Clearly, any steps that can reduce uncertainties and create greater stability in financing would simplify planning.

Public interpretation and education leading to stronger and more stable charitable giving by the community was felt to be important by the Workshop on Financing. Increased understanding on the part of the community also could lead to increasing acceptance of priorities.

There is always the danger that shortage of funds will create among United Appeal agencies pressures to increase non-Fund income through approaches to government, foundations and service clubs. Competing drives for funds can create further uncertainties and confusions. Planning to ensure the most effective possible use of various sources of financing is an important adjunct to a priorities plan.

Capital needs and campaigns are an important part of demands upon community dollars and can affect amounts available for regular annual campaigns. On this matter the Needs and Resources Study Workshop Paper on Financing states:

While capital items should be kept distinct and separate from current expenditures, that is from those outlays which satisfy the on-going requirements of social programs, nonetheless the actual outlays for capital in any one period ought to be considered along with operating costs since both of these areas represent charges against available resources. In brief, dollars spent on capital account generally speaking are not available to meet current budgetary needs. Indications of a growing and serious competing for funds between capital campaigns and annual campaigns for on-going programs render this a critical issue.

The Paper suggests that capital as well as operating needs be included in priorities. With respect to this situation the Committee has two recommendations:

105. That the Social Planning Council continue to provide, and make better known in the community, the clearing house and consultative services now maintained for service clubs, foundations and other organizations which support welfare service to ensure that such groups are adequately informed of community needs and priorities and to relate such sources of support effectively to over-all service and financial planning.
106. That the Social Planning Council, in collaboration with the United Community Fund, pursue appropriate action with regard to the co-ordination of capital campaigns and the planning of such campaigns within the framework of over-all priorities, bearing particularly in mind the effect of capital campaigns upon other voluntary giving.

(d) Developing New Services

The Committee considers that some planned procedures should be established for assisting the citizens of Metropolitan Toronto to determine what services worthy of community support should be developed in the future. Assessment of the need for a proposed new service and of its place in existing priorities should be the responsibility of the Needs and Resources Commission. It is the view of the Committee that the criteria developed by the Board of the Social Planning Council in 1960 would form the basis for determining eligibility for support.⁽¹⁾

In addition, close attention should be given to the problem of when a new service should be developed under independent auspices and when it is more effective and economical to introduce the program into an existing organization's operation. As pointed out elsewhere in this report, many of these independent programs develop in order to get the needed attention and financing which, in the past, has been difficult if development occurred under the auspices of an existing agency. It is the view of the Committee that, wherever possible, new services should be introduced in existing agencies, and that special devices must be used to give prominent publicity to these services.

(1) Appendix H.

The Committee therefore recommends:

107. That when an existing agency introduces a new program, it be publicized as a new service in the community. If the organization introducing this new program is financed through the United Appeal, the program should be listed as a new service for the first three years, given special treatment at the time of the annual campaign, and treated in the same way as a new agency for purposes of budgeting and goal setting.

(e) Conclusion and Summary

The effectiveness of a priorities approach to servicing and financing depends upon a sound system in which decisions can be based and to which individual requests for financial support can be related, and upon successful implementation.

Undue emphasis upon refined and sophisticated methodology with corresponding lack of consideration of the factors involved in the process of implementation can frustrate a priorities plan. Again it should be emphasized that, though no mechanical ranking system is recommended, decisions will be made on the basis of the relative urgency of needs, as systematically or objectively determined as possible. Research is needed and methods must be as sophisticated and advanced as resources permit.

Priority planning over the next five years will take place in a climate characterized by a shortage of funds to meet growing agency needs. There will be very few opportunities for the elimination or reduction of present services. It will be a period when there will be limited increments in funds.

Under these circumstances there is little opportunity to make priority-based shifts in the allocation of resources. Only small gains towards a need-based pattern of allocations will be possible in any one year. The effect of priorities will be accumulative over a long term. With the present complexities in the administration and financing of social services and the high degree of concern about the loyalty to individual services possessed by many individual groups, any expectation of radical shifts would be unrealistic. Nevertheless, over a period of time such shifts, gradually, do take place. The basic purpose of priorities is to ensure that such moves take place in a planned rather than unplanned manner and in accordance with agreed upon community

objectives.

It is the opinion of the Committee that a priorities system as recommended would provide an effective operative base for joint planning. The priorities system would perform a key role in the development of a partnership between government and voluntary bodies and among the Social Planning Council, the United Community Fund and individual organizations.

The present and projected gap between financial needs and resources is serious. Every effort must be made to narrow the difference. To do this, all the groups concerned in the community at large must act with a sense of urgency.

CO-ORDINATION

In practically every field of service reviewed by this Committee, the problem of unco-ordinated activity was identified as a major problem. This is particularly true in the fields of housing, recreation and informal education, youth services, services to transient and homeless men, rehabilitation and research.

In the view of the Committee, the major problem in Metropolitan Toronto is not one of duplication of effort in most fields,(1) but the very considerable evidence of lack of co-ordination and co-operative planning between agencies, and between volunteer effort and government. This indicates that there may be wasteful use of volunteer and professional time, inefficiency and an uneconomical pattern of services. Illustrations are found in the field of rehabilitation of the physically and mentally handicapped, informal education, recreation, services to immigrants, and educational services for children in institutions. The lack of co-ordination suggests that there may be many possibilities for a redistribution of responsibility in order to bring more effective services to the community.

Reference also should be made to the need to clarify the roles of the various co-ordinating and planning groups themselves. Although there is closer collaboration between social planning organizations and various physical planning groups, the Committee feels that there is still much to be

(1) Appendix F, The Multi-Use Study

done in bringing together all planning groups, since the human services and the planning of physical facilities and town planning are so closely related.

One other area which requires closer examination is that of the relationship between the Social Planning Council and its Area Councils, between the Social Planning Council and the Ontario Welfare Council and the Canadian Welfare Council, and between the Social Planning Council and the United Community Fund. While all of these groups have reached agreement on their respective roles the Committee is not completely satisfied that the present arrangement results in the most effective planning and use of personnel. It was observed that the Provincial Government is working out its own problems of internal co-ordination through inter-departmental meetings. Because of the need to eliminate some of the complicated organization impeding collaboration between voluntary services and government, the Committee recommends:

108. That the Provincial Government give consideration to re-grouping and clarifying the roles of the various departments concerned with health, welfare and recreation.
109. That the Canadian Welfare Council proceed as quickly as possible with its plan to clarify the present relationships among the Canadian Welfare Council, provincial councils, and local councils.
110. That steps be taken as quickly as possible to co-ordinate the work of the various local housing authorities in Metropolitan Toronto, by bringing them together under one administration.
111. That the Social Planning Council consider ways and means of replacing the informal, unstructured methods of effecting co-ordination by which the physical planning groups and the Social Planning Council now work with regular conferences and consultation.
112. That the Social Planning Council consult with the United Community Fund to examine present procedures to be sure there is no duplication of activities, including the collection of data, as between the United Community Fund and the Council.

CHAPTER IV

FINANCING OF WELFARE, HEALTH, AND

RECREATION SERVICES

INTRODUCTION

The development of adequate welfare, health, and recreation services must depend upon the willingness and ability of the community to support them, either through taxation or through voluntary giving. Factors influencing this support will include the size of the gross national income, the levels of personal income, and the values and attitudes of the community regarding social services.

The limits to the economic resources available for the financing of welfare services are subject to both gradual and sudden shifts which are difficult to predict. A definite prediction of financial needs and resources is not possible. Nevertheless it is important to this Study to project some picture of the financial outlook for welfare, health, and recreation services in the five year period, 1961 to 1966.

Estimates of financial needs and resources for this period have been compiled and recommendations on measures that would assist in reducing the gap have been formulated. Important are a number of recommendations dealing with the role of government at various levels in financing social services.⁽¹⁾

(1) "Government" or "Public" as used throughout this report refers to the government body at the appropriate level, either municipal, metropolitan, provincial, or federal.

A voluntary organization may be defined as one where the governors or directors are not appointed by government nor are the services controlled or totally financed by government; it depends on volunteer services and volunteer responsibility for policy, administration, and stewardship.

The meeting of needs in the areas of service discussed in this report do not in the Committee's opinion require radical changes in the present pattern of government and voluntary responsibilities or a proliferation of directly administered government programs. In fact assumption by government of responsibility for certain services does not mean that government should provide the service directly if it is already or can be administered by voluntary organizations in accordance with accepted standards.

The development of an adequate partnership between government and voluntary agencies depends substantially upon adequate formulae for re-imbursement or cost-sharing. Although the total amount of income received from government sources has increased, it has remained relatively stable as a proportion of total budget, despite the introduction of permissive legislation in new areas of service. Government cost-sharing is frequently based upon per diem or other cost ceilings which do not reflect actual costs. The financial difficulties of a number of voluntary agencies are attributed to this inadequacy. Thus considerable emphasis is placed in the recommendations upon this aspect of government financing.

For background purposes, a brief description follows of present patterns of financial support and trends in sources of support.⁽¹⁾

PATTERNS OF SUPPORT

Patterns of financial support vary widely by area of service. Some services are administered and financed largely by governments, while others are administered by voluntary groups and are financed entirely by voluntary

(1) Both the descriptive material and the estimates of future financial needs and resources are based upon the more detailed information and analyses contained in the Workshop Paper on Financing prepared for the Needs and Resources Study.

funds or a mixture of voluntary and public funds. In some instances, such as recreation, both public and voluntary agencies administer and finance their own programs.

Government Financing of Social Services

The Canadian people have demonstrated a willingness to devote increasing amounts of their total national income to the provision of welfare, health, and recreation services. By far the greatest proportion of these increased expenditures has been assumed by government, particularly in the fields of social security and income maintenance. Not only has it been recognized that such services were beyond the scope of voluntary endeavour, but their costs have been such as to necessitate the increasing participation by senior levels of government with broader taxing powers.

Since 1913 government expenditures on welfare, health, and recreation have increased from some \$15 million to \$2,800 million, or from \$2 per capita to \$147 per capita. In 1947 such expenditures comprised 7.2 per cent of the national income and in 1959, 11.5 per cent. Consequently government expenditures play an important role in meeting social needs in Metropolitan Toronto. Undoubtedly benefits paid to a million and a half citizens in the Metropolitan municipality are sizeable under such programs as Unemployment Insurance, Family Allowances, Old Age Security, and hospitalization. Provincial expenditures are also substantial. These include direct payments for services to individuals under provincial programs, grants to charitable organizations, and grants to municipalities for welfare, health, and recreation services. In addition the Province makes unconditional grants to municipalities. A large proportion of the grants are available for welfare and health programs. It is not mandatory upon the municipalities to use the money for these purposes.

Local government revenues have declined compared to the increased federal and provincial revenues. Nevertheless municipalities retain responsibility for the financing, in whole or in part, of various basic welfare, health and recreation services. Throughout Metropolitan Toronto municipal expenditures for these services now exceed \$40 million a year. More than one-third of the necessary funds are obtained through conditional grants

from the Province while municipalities are exhorted to use for the same broad purposes a further \$7 million paid in unconditional grants. In any study of needs and resources, these public expenditures by local authorities are of significance. They meet directly a sizeable proportion of the total community requirements for welfare, health, and recreational services. But municipal initiative is required if federal or provincial funds are to become available at the local level including funds payable under legislation to voluntary agencies. Current and capital grants to voluntary organizations are made also by local municipalities, some being made only once and others on a continuing basis. This public support directly influences the nature and extent of voluntary effort and serves to reduce significantly the amounts which must be procured through community campaigns.

Government is primarily responsible for the administration and financing of basic social security programs for children, the aged, the unemployed, the injured workman; public assistance programs for persons in need; public health services and hospitalization; and health and welfare services for veterans. It directly administers and finances some services which also are provided under voluntary auspices. These categories in Metropolitan Toronto include homes for the aged, recreational services, mental health clinics, hostels for homeless and transient men and employment and vocational services. Both the public and voluntary sectors of most of these services have expanded considerably. Government also provides tax funds to voluntary agencies.

An example of government participation in a field of service is The Homes for the Aged Act.⁽¹⁾ This provincial legislation requires municipalities to provide institutional care for persons 60 years of age or over who cannot be cared for in the community and do not require care in hospital. The Corporation of Metropolitan Toronto is the local municipality for purposes of the Act. In accordance with the legislation, the Corporation's Department of Welfare and Housing has assumed direct responsibility for the care of the aging in its own institutions. The current per diem cost of care in the Metropolitan Corporation's institutions

(1) Revised Statutes of Ontario, 1960, Chap. 174,
The Homes for the Aged Act.

is approximately \$6.95. Resident fees are based upon ability to pay. The Provincial Government reimburses Metropolitan Toronto an amount equal to 70 per cent of net operating costs.

There are also a number of voluntary or charitable homes for the aged in Metropolitan Toronto. Most of these homes receive grants from the Provincial Government under The Charitable Institutions Act.⁽¹⁾ The grants equal 75 per cent of actual net costs of care⁽²⁾, or 75 per cent of \$3.40 per day, whichever is the lesser, for ambulatory residents, or in the case of nursing homes, \$5 per day for residents receiving nursing care, provided the institution has a nursing unit of at least 20 beds. In some instances these ceilings are below the costs of the care so that the deficits to be met by these homes or by the community on their behalf is considerably in excess of the 25 per cent of the cost.

There is no clear-cut distinction between the respective roles of municipal and voluntary homes. The two types have developed historically in parallel. A number of older people would want to accept care only in a home operated under the auspices of their own religious, cultural, or national group. This Study recognizes the care of such people as a legitimate function of voluntary homes.

Trends in Expenditures for Voluntary Services

The growth of government services and expenditures has not lessened the importance of services provided by non-governmental charitable organizations. Though their expenditures are much less than those of government, voluntary groups remain responsible for provision of many vital services and the raising of considerable amounts of money. In 1960 the United Appeal supported 89 agencies in Metropolitan Toronto which were responsible for the administration of budgets totalling some \$19.9 million. In addition, important expenditures are made in the metropolitan area by a number of other voluntary organizations that are not participants in the United Appeal.

(1) Statutes of Ontario, 1962-63, Chap. 11, The Charitable Institutions Act.

(2) Net costs are total costs less resident fees or payments made on behalf of residents.

The past ten years have been a period of considerable expansion in voluntary welfare, health, and recreation services. Altogether the budgets of "local" organizations in the United Appeal increased from \$7.6 million in 1957 to \$10 million in 1961, or by 32 per cent. Increases for the various areas of service ranged from 2 per cent to over 300 per cent. Although this pertains to Fund agencies only, it is felt that they reflect the financing of voluntary agencies generally. Although some shifts are apparent, with one or two exceptions, such as children's institutions and maternity homes, there have been no major changes in support patterns during the 1957 to 1961 period.

Government Support for Voluntary Agencies

There is considerable variation in government support patterns for voluntary agencies. For example, the proportion of income received directly from government by United Appeal local agencies in 1961 ranged, by field of service, from nil to approximately one third. Altogether funds from government sources increased from some \$643,600 in 1957 to \$826,800 in 1961, or an increase of 28.5 per cent. The proportion such funds comprised of all organization budgets remained relatively stable, decreasing slightly from 8.4 to 8.2 per cent. Government support to voluntary agencies includes: federal and provincial grants; joint provincial-municipal support under several provincial statutes; special agreements between government and voluntary agencies for joint operation and financing; municipal grants-in-aid; and tax exemption. The following will outline the scope of each of these aids.

(a) Federal and Provincial Grants

As indicated in the Needs and Resources Study Workshop Paper on Financing, federal grants to local voluntary agencies are not substantial.⁽¹⁾ Important among these, however, are grants to correctional after-care agencies for the supervision of federal parolees. Provincial funds

(1) A number of national voluntary agencies receive federal grants.

provided under legislation are available to children's institutions, homes for the aged, maternity homes, vocational rehabilitation services, and a few other categories of service including correctional after-care. A number of local voluntary organizations offer services which are being recognized increasingly by government as essential to the follow-up and after-care of persons who have been under treatment or supervision of a government-sponsored institution and without which the government rehabilitation program would be incomplete.

(b) Provincial-Municipal Support

Joint provincial-municipal support is available under several provincial Acts for such services as those of Children's Aid Societies, day nurseries, homemaker and nursing services.⁽¹⁾ There are major differences in the amount and basis of support provided for voluntary agencies under these provincial-municipal arrangements, as illustrated by the following examples.

Day nurseries by municipal by-law may be established or sponsored by a municipality, with the provincial government paying one-half of the amount paid out or contributed by the local municipality. A day nursery, according to The Day Nurseries Act, is a place which receives for temporary custody on a daily or hourly basis more than three children under seven years of age. Parents pay fees on sliding fee schedules according to their ability to pay.

Visiting nurses services are currently being provided in some municipalities of Metropolitan Toronto under The Homemakers and Nurses Services Act. The services of a nurse may be furnished under this Act on the basis of home visits to a person who is elderly, handicapped, ill, or convalescent, where a physician certifies that such services are necessary to enable the person to remain in his own home or to make possible his return to his home from a hospital or other institution.

(1) Revised Statutes of Ontario, 1960, Chap. 53, The Child Welfare Act, (as amended 1961-62, Chap. 14, 1962-63, Chap. 12); Chap. 173, The Homemakers and Nurses Services Act; and Chap. 87, The Day Nurseries Act.

The provincial regulations permit a municipality to purchase nursing services from a voluntary agency. The Province will reimburse the municipality for 50 per cent of the net cost not exceeding \$1.25 a visit. Patients' fees are based on ability to pay. The municipalities implementing this section of the Act have matched the provincial payments. The total government payments are substantially lower than the actual cost of service.

No municipality in Metropolitan Toronto offers this type of nursing service under municipal auspices but all thirteen municipalities are served by the Victorian Order of Nurses and by the St. Elizabeth Visiting Nurses' Association. Eight municipalities have implemented that part of The Homemakers and Nurses Services Act providing for the purchase of visiting nursing services. In addition, in 1961, five other municipalities made grants to the nursing agencies providing the services. The experience of voluntary nursing associations has been that, in most instances, when the permissive legislation is implemented the amount of support from government increases. For example, four of the municipalities that implemented the legislation made grants to the Toronto Chapter, Victorian Order of Nurses totalling \$74,900 in 1958, the last year prior to implementation, as compared with government payments for services of \$100,841 in 1961.

Payments are made by the Welfare Departments, and, as with the visiting homemaker services, there are wide variations among municipalities in eligibility requirements. Welfare administrators usually accept the recommendation of the physician regarding the number of nursing visits required, but in one municipality the decision is based on the assessment of need by the Welfare Department.

Homemaker services are currently provided in some municipalities of Metropolitan Toronto under The Homemakers and Nurses Services Act. A municipality may purchase homemaker services from voluntary agencies. Fees from families are based on ability to pay.

The Province will reimburse the municipality for 50 per cent of the net cost of services up to a maximum of \$4 a day. The municipalities implementing this legislation have matched the provincial payments for a maximum combined government payment of \$8 a day. However, the cost to the voluntary agencies is frequently substantially higher. The services of a homemaker may be furnished under the Act:

- (a) For households in which there is a child who might otherwise be cared for in other than

his own home during the temporary absence, illness or convalescence of his mother or other person in whose charge he is, where an adult is available to furnish any care that the child may require when the homemaker is not on duty; or (b) for a person who is elderly, handicapped, ill or convalescent and who requires such services on a part-time or visitation basis in order that he may remain in his own home, where an adult is available to furnish any care that he may require when the homemaker is not on duty.(1)

Visiting homemaker services are not provided under municipal auspices but are provided in all thirteen municipalities from the Visiting Homemakers' Association or the Canadian Red Cross. Six municipalities have implemented the legislation to purchase this service. None of the other municipalities made grants to voluntary agencies in lieu of implementing the visiting homemaker services section of The Homemakers and Nurses Services Act. Where the Act has been implemented there is considerable variation in municipal policies concerning eligibility requirements. For example, some municipalities will pay for services only to families that are receiving assistance from municipal welfare departments. Also the amount of liquid assets permitted eligible families by different municipalities ranges from \$250 to \$1,000.

(c) Special Agreements between Government and Voluntary Agencies for Joint Operation and/or Financing

There are examples of individual municipalities or other levels of government entering into agreements with voluntary organizations to sponsor jointly and finance a special program or project. These co-operative arrangements have much merit and include a research project on immigrants, reception centre for immigrants, and the University Settlement.

(d) Municipal Grants to Voluntary Agencies

Organizations have been receiving municipal grants for their general work for years but the Committee has been unable to discern any consistent policy on which these grants have been made, or on which the agencies

(1) Ibid, Section 6.

have based their requests. Government officials consulted on this matter agree that there has been great confusion about such grants.

In 1961, grants were made by the Municipality of Metropolitan Toronto and twelve other municipalities to more than twenty-five different agencies and organizations providing welfare, health and recreation services. (1) The amount of the grants ranged from \$25 to \$28,000 with some agencies receiving small grants from as many as eight municipalities. Most of the grants in excess of \$500 were made either by the City of Toronto or the Municipality of Metropolitan Toronto. Many of these grants are renewed annually upon application by the agencies and are intended to cover one or more of the following: operating costs, grants in lieu of property taxes exemption, special projects and/or a part of the cost of the service that might be supported under existing permissive legislation. Many of the grants do not appear to be related to volume of service, agency deficits, or quality of service. Also there does not seem to be any uniformity regarding the type of service supported by a particular municipality.

The Committee is of the view that many organizations not receiving municipal grants for their work could make just as valid a request for financial help as those receiving aid from the municipalities. It would appear that the historical factors and the ability of the agency to sell its program are important considerations in the final decision by the municipality to make a grant.

Fee Income

Between 1957 and 1961 fee income as reported for United Appeal organizations rose from approximately \$1,312,000 to \$1,845,000 or by 41 per cent. In 1957 fees comprised 17.2 per cent of total revenue and in 1961, 18.3 per cent. This proportion is unlikely to change appreciably over the next five years.

There is considerable variation in fee income among fields of service. Excluding children's institutions, where the majority of fees are paid by Children's Aid Societies from public funds, fee income ranges from virtually nil (youth counselling, miscellaneous counselling

(1) A partial list of agencies that received municipal grants may be found in Appendix I.

and adjustment services) to approximately 60 per cent of total budget (homes for the aged). There are a number of organizations where fees are a relatively small part of their support plans, e.g. family agencies and boys clubs. In others such as maternity homes, day care services, and visiting nursing, they comprise about one-fifth of the total budget.

In the recreation field most of the income appearing under this heading comes from memberships. In some organizations cost is a factor in setting fees; in others, fees are more in the nature of token payments to establish a sense of identity with the services and a feeling of responsibility for the program on the part of the members.

Voluntary Giving

The development of numerous agencies with a resultant multiplicity of appeals for financial support led to gradually broadening methods of federated financing and to the present United Appeal. Federated fund-raising has affected the financing of voluntary social services in a number of ways. It has done much to reduce the number of campaigns and the wasteful competition for funds. Beyond this it has undoubtedly broadened the base of community giving and raised corporate and individual donations. Between 1957 and 1961 United Community Fund allocations to the local organizations of Metropolitan Toronto, increased from \$4.1 million to \$5.3 million or by 29 per cent. In 1957 Fund support comprised 64.2 per cent of all budgets, and in 1961, 64.1 per cent.

The reason for the wide variation in allocations from the United Community Fund between areas of service and among organizations are by no means obvious and perhaps should be made the subject of intensive study. Local and national organizations which are not members of the United Appeal, also require substantial support from the community. In 1960 four major non-Fund organizations raised a total of \$4,200,000.

THE GAP BETWEEN FINANCIAL NEEDS AND RESOURCES

Wide gaps now exist and are likely to persist between the needs required to meet the cost of services and the funds available. This situation applies to both government and voluntary services.

Needs for Government Financing

Increases in government expenditures on behalf of both government-sponsored services and government payments to voluntary agencies can be expected over the next five years. Gross municipal expenditures, for example, may increase by some 46 per cent between 1960 and 1966. There is, however, a sizeable gap between need for publicly operated or supported social services and the tax dollars provided. Some of this need will be met through the expected increases in expenditures. These increases will result from population growth and also in part from anticipated wider implementation of permissive legislation. However, the present unfavourable fiscal position of governments at each level makes a continuing gap probable and underlines the importance of the most effective deployment of the tax dollar.

Financial Needs of Voluntary Agencies

The following estimates of the financial needs of voluntary agencies are based on data pertaining to organizations supported by the United Appeal. The financial problems noted also will be faced by other non-Fund organizations.

Projections to 1966 were made using actual agency expenditures, total agency budget requests for the period 1957 to 1961 and forecasts by several agencies of their fiscal needs. These indicate that an average growth rate of 7 per cent would represent the needs of voluntary organizations. On this assumption it would appear that the United Appeal organizations in 1966 would require \$19.2 million. On the other hand, if trends are projected in the expenditures of local agencies and in the allocations by the United Appeal to national agencies and the Red Cross, then a total expenditure of some \$17.7 million would result in 1966.⁽¹⁾ This might be considered to represent minimal need. Thus by 1966 financial needs of United Appeal participants may lie between \$17.7 million and \$19.2 million. To meet the

(1) National agency requests are not of course total budgets. However, they do represent that portion of the agencies' requirements which, it is felt, could reasonably be met in Metropolitan Toronto. In terms of calls upon local resources they are equivalent to total local agency budgets.

proportion assumed by the United Appeal will require a goal of some \$12.2 million to \$15.3 million. (1)

On the basis of present trends of campaign results the United Appeal in 1966 should yield at the minimum \$10.3 million and at the most \$11.7 million. This would not be sufficient to meet minimal need estimates at the continuation of the rate of growth experienced during 1957 - 1961. This past rate of growth has not prevented the development of a sizeable gap in 1961 and even if it continued at that level, unmet needs would accumulate. The maximum campaign yield of \$11.7 million projected for 1966 is, of course, well below the projected requirements of \$15.3 million in 1966. If only \$10.3 million is made available in 1966 there will be a shortage of \$2 to \$5 million. If \$11.7 million is available the shortage will range from \$0.5 to \$3.6 million. This is indicative of the fundamental issues confronting the financing of the services of most organizations.

PROBLEMS, PRINCIPLES, AND RECOMMENDATIONS

There appears to be in our community at the present time a general acceptance of the existing system of financing welfare, health, and recreation services. Although considerable emphasis in this Report is placed upon the role of government, it is not suggested that the community should look to government to close the gap in voluntary resources. Certainly the strengthening of government support under existing legislation would be of considerable assistance and there is among the voluntary agencies agreement upon the need for action along these lines. The Committee emphasizes the need for co-ordinated approaches to government based on priorities, joint planning, and continuing liaison.

(1) The lower would be a minimal goal, the higher a needs-based goal. This projection of United Appeal goals is based on the assumption that the proportion of total budget requested from the United Appeal remains the same as in 1961 and that consequently the present percentage of budgets attributable to government grants, fees, and other income is maintained.

It is clear that in the years ahead the financing of all our social services will be characterized by the need to allocate scarce financial resources among many needed services. A priority system to guide this process will be necessary and this is discussed in Chapter III.

Government-Sponsored Services

Government-sponsored services accounted for the greatest proportion of total expenditures in welfare, health, and recreation. Any major extensions in this sector are likely to be for social security and medical care. Both of these are undergoing broad public discussion. Apart from these, and in the light particularly of local needs, the Committee believes that increased government support through direct government sponsorship is necessary or desirable in a number of areas.

The Committee makes the following recommendations regarding government programs.

Public Welfare

113. That the federal and provincial governments give consideration to the extension of present cost-sharing agreements to include administrative and service costs as well as costs of allowances in order to facilitate the development of adequate casework and counselling services by the municipal public welfare departments for such of their clients as require them.(1)

Mental Health Clinic

114. That mental health clinics established in Metropolitan Toronto should be financed by government funds.

(1) See Recommendation 1 in Chapter II regarding standards of services, page 77.

Education of Children with Special Problems

The philosophy of the Province of Ontario as reflected in legislation is that every educable child should receive an education at public expense. Special provision for the education of some physically and mentally handicapped children has been made by government. It is the view of the Committee that, regardless of what definition may be put on the word "educable", any group of handicapped children recognized as capable of instruction or training should be provided with this instruction at public expense.

115. *That the Schools for Retarded Children, having demonstrated that their pupils are capable of education, be totally financed at public expense through the Department of Education.*(1)

The Committee notes that institutional care for children may be provided for children from all parts of the Province (for example, unmarried mothers), and therefore, the provision of special education in institutions should be on a provincial basis.

116. *That the Department of Education accept financial responsibility for providing teaching or instruction for all children who are in or are served by institutions and who are unable to take advantage of public schools.*

Day Care Services for Children

The following recommendations refer to the supervision of children in day nurseries and nursery schools and to day-camping facilities for the children of working mothers. In these areas of service, government may, under legislation, operate its own program, or support or purchase service from a voluntary agency.

(1) The Committee is encouraged by the announced policy of the provincial government to provide more support for the education of retarded children in these schools and trusts the amount of support provided will be increased in accord with the Committee's recommendation.

117. That because day care for children of working mothers is not available in many areas of Metropolitan Toronto, the Metropolitan Corporation or area municipalities give consideration to taking immediate and necessary steps to establish or finance day nurseries throughout the metropolitan area under The Day Nurseries Act.
118. That implementation of The Day Nurseries Act should not be limited to full day care of children of working mothers, but should be available to all children who require day care for economic, social, or emotional reasons, either on a full-day or part-day basis.(1)
119. That voluntary support of day care should be reserved for those aspects of day care work which have not been accepted as a government responsibility under the regulations of The Day Nurseries Act and are not included in the above recommendations.

The Committee is fully aware that the implementation of the recommendations above and the following recommendations regarding grants to voluntary agencies will require substantially increased expenditure of tax funds. It would emphasize, however, that the purposes for which these monies are required are of the utmost importance, having been recognized in the legislation already, and therefore deserving priority in the allocation of government appropriations.

Government Payments to Voluntary Agencies

All levels of government support the need for voluntary organizations, work with them, and often give service in the same field. However, as the community has enlarged, channels of communication have become more difficult and arrangements between voluntary organizations and government have become very complicated.

(1) For example only, in public housing projects there are large numbers of children living in high-rise apartments, where mothers often cannot supervise their children in outdoor play.

The tremendous growth of services under public auspices, the acceleration of voluntary programs, and greater variance between needs and resources suggest that a careful examination of the divisions of responsibilities between government and voluntary groups should be made to create new devices for co-operation in determining the constantly changing roles of each. The study "Voluntary Health and Welfare Agencies in the United States" puts the situation well:

Because of sweeping changes in the last two decades voluntary agencies and government should develop a more effective alliance than now exists..... Separate or exclusive functions cannot be defined, as many people think they can, on the basis of general, universally applicable principles. What is important is that voluntary agencies not be used as a means to oppose the development of government services, but rather to augment and strengthen the total of all services.⁽¹⁾

Opposition is not necessarily always from the voluntary agencies. Government itself can use voluntary agencies and confusing financial arrangements to obscure government's real responsibility.

The voluntary nature of an organization is preserved through its ability to decide the scope, nature, and policies of its total program and the conditions under which it will provide services, either to government or to any group or individual in the community. The fact that a voluntary organization may receive a very high percentage of its total budget from government does not mean that it is losing its autonomy or its voluntary status.

(a) Legislative Payments for Services Provided

Federal and provincial governments or municipalities may pay voluntary organizations for those services which are recognized by government as necessary. Frequently the legislation provides for joint sharing of the costs by the province and the municipality. The service may be a mandatory one (e.g., child welfare) or permissive (e.g., day nurseries). With regard to this type of financing, the Committee believes that unless government is prepared to establish services for special groups, it is both practical and economical for the government to purchase some of these services from voluntary organizations.

(1) Hamlin, R.H., Voluntary Health and Welfare Agencies in the United States, Schoolmasters' Press, 1961

When government by legislation accepts the responsibility for providing certain services for which it does not have a program immediately available, and where voluntary organizations are able to provide such a program, it is desirable and often preferable that the government implement the legislation through the purchase of services. In some cases this should be on a continuing basis while in others it may be more desirable to have it on an interim basis pending the setting up of governmental services.

It is recognized that at any given time a voluntary institution or organization may provide additional services not yet accepted as standard for government-supported programs, in which case the voluntary organization would be expected to carry the cost of these additional services.

The considerations for determining whether the government should purchase service should be: the demonstrated ability of the voluntary agency to carry all or part of the services as economically and efficiently as the government; the readiness of government to delegate responsibility to the voluntary agency and provide advice, standards and regulations coupled with the readiness of the agency to write reports and to permit scrutiny of records and review of reports by government officials; and the nature of the service under consideration, for example homes for unmarried mothers where small units of service may be desirable.

The Committee recommends that the following principles be applied by any government when reimbursing voluntary organizations for services rendered.

120. *That payments by government to voluntary agencies for services provided under either mandatory or permissive legislation should be at the actual cost of the service or at the cost of a comparable government program whichever is the lesser.*
121. *That when government enters into arrangements under legislation with a voluntary organization for payment of services the contract should be specific, standards and eligibility requirements should be clearly set out, and it should be agreed that the voluntary agency, acting on the government's behalf, would determine the eligibility of the recipient of service, using forms and directives from the government.*

122. That an institution or organization receiving a government reimbursement should be responsible for any costs of providing service over and above those provided at the time in government institutions.

The following recommendations apply these principles specifically to homes for the aged, and visiting nursing and visiting homemaker services. The principles apply also to government support of voluntary day care services for children and voluntary child placement services which are dealt with in other sections of this chapter.

Homes for the Aged

Because of the current requests and probably increasing requests from voluntary groups to build and operate homes for the aged; and because government has accepted responsibility for institutional care, it is recommended:

123. That in the future voluntary funds for both capital and operating purposes be used only for older people whose needs, for reasons including religion and language cannot be met in public homes.
124. That government continue grants for capital purposes to assist with the building and improvement of specialized voluntary homes for the aged, and that, through purchase of service, Metropolitan Toronto meet the full costs incurred by voluntary homes for those persons who otherwise would be eligible for care in a Metro home, or, at least, costs so incurred up to the level of the actual per diem costs in its own comparable institutions.

As a first step towards implementing these recommendations, the Social Planning Council should discuss with Metropolitan Corporation the most appropriate and efficient way to reimburse voluntary homes. In such discussions consideration should be given to co-operative financing of other services for the elderly that may be provided by voluntary homes or other organizations and that are designed to prevent or reduce the need for institutional care.

125. It is further recommended that voluntary support of homes for the aged be reserved for those aspects of

care in voluntary homes that have not been accepted as a government responsibility either through legislation or in the administration of government homes.

Visiting Nurses and Homemakers

Because of the urgent and immediate need to increase both homemaker and nursing services, and because voluntary organizations providing these services cannot meet the need without additional financial support, it is recommended:

126. That the Metropolitan Corporation apply for the necessary authority to be classified as a municipality for the purpose of implementing the Act; and that if this is not possible all thirteen municipalities fully implement The Homemakers and Nurses Services Act.
127. That the Provincial Government amend The Homemakers and Nurses Services Act to permit government reimbursement to reflect costs of services.

(b) Joint Government and Voluntary Financing and/or Operation of Programs

The Committee is of the opinion that special agreements for the joint financing and/or operation of programs should be encouraged providing such joint arrangements are safeguarded by written agreement clearly setting out the responsibilities of each partner and outlining procedures for the termination of the arrangement.

Strictly as an illustration, it is the view of the Committee that services to travellers coming into Metropolitan Toronto including both recent arrivals and those en route to other communities, would fall within the category of services where there is a joint responsibility. The work of the Travellers' Aid Society, therefore, with justification might be jointly financed by the United Community Fund and the Metropolitan Corporation. Likewise services for new Canadians coming into the metropolitan area, such as are provided by the International Institute and the Travellers' Aid would be a joint financial responsibility of the Fund, of Metropolitan Toronto and the Federal Department of Citizenship and Immigration.

(c) General Government Grants to Voluntary Agencies

The Committee considers that general municipal grants for the work of just a few of the many welfare, health, and recreation agencies - most of whom make a general appeal to the public - tend to confuse the public.⁽¹⁾ Municipal and other government grants should be given only for designated purposes. Municipal grants, even for designated purposes should be given only to organizations whose standards meet accepted criteria.

On the other hand, there are voluntary agencies carrying forward programs begun by government. The Committee believes that in such instances government should continue to accept a responsibility. This is especially important, for example, in the field of mental health where changes in government policy now encourage early discharge of patients from mental hospitals with consequent responsibility falling upon voluntary agencies. Therefore the following principles should guide the allocation of grants: the municipality should not be expected to provide general assistance to the work of voluntary organizations but may be expected to provide assistance for designated purposes; where the government has assumed the initial responsibility for the service it should continue to do so, unless and until, it provides a fully financed and operated total program; and voluntary agencies complementing government services should receive either a fee for service at actual cost, or, where this is not practical, a grant from the municipality commensurate with the actual cost.

In accord with the principle that the municipality should not be expected to provide general assistance to the work of voluntary organizations but may be expected to provide assistance for designated purposes, the Committee makes the following recommendations:

128. *That general grants to voluntary organizations be discontinued by municipalities and replaced by grants in support of designated purposes.*

(1) See Appendix I for a partial list of organizations receiving grants.

129. That grants under the Municipality of Metropolitan Toronto Act be made in support of specific projects and services, including research undertakings, needs and resources studies, demonstrations, pilot projects, and major extensions of services to new areas of the metropolitan community.
130. That designated grants be made on a term basis⁽¹⁾ depending on the proposal as advanced to the relevant government authority and the nature of the project, rather than on an annual basis; that the project be reviewed annually to assure progress as a basis for continuation of the grant; and that the project be reviewed at the end of the grant period to determine whether it should be terminated, receive a further special grant, be transferred to general community voluntary support, or to general government financing.

The Committee recognizes that major changes in the grant and purchase of service patterns will not be achieved immediately. Therefore, it recommends:

131. That changes in policy take effect in such a manner initially as to avoid a reduction of services by voluntary agencies because of loss of municipal grants.⁽²⁾
132. That organizations now receiving municipal grants for programs which do not duplicate the work of other organizations and whose standards meet accepted criteria continue to receive such grants until agreement can be reached with the Municipality and the Province with respect to new financing formulae and new criteria, and a plan of implementation initiated.

(1) The Committee recognizes that a municipal council cannot commit a future council but believes that the suggested annual review procedure could reduce to a minimum the problems in this respect.

(2) Originally this recommendation was contained in the Interim Report (January 1963) but its intent should apply in any municipality when changes in policy are considered.

With respect to the Municipality of Metropolitan Toronto Act, the Committee considers that the amounts allowed for special grants in section 214 (c) and passed in 1956, are much too low to meet current requirements.

In accord with the principle that where the government has assumed the initial responsibility for services, it should continue to do so unless, and until, it provides a total program fully financed and operated by government; and that voluntary agencies complementing government services should receive either a fee for service at actual cost, or, where this is not practical a grant from the municipality commensurate with the actual costs.

The Committee recommends:

133. That the relevant government authorities recognize financially those organizations offering services which are essential to the follow-up and after-care of persons who have been under treatment or supervision of a government-sponsored institution and without which the government rehabilitation programs would be incomplete.

As examples of service organizations to which this recommendation refers there is the after-care of prisoners - John Howard Society, Elizabeth Fry Society, Salvation Army; and after-care of those discharged from mental hospitals - Toronto Mental Health Clinic, Canadian Mental Health Association; or there is rehabilitation - Jewish Vocational Service, Toronto Rehabilitation Centre, The Haven, the Adult Services of the Metropolitan Toronto Association for Retarded Children. Although the Committee considers that the two principles it is recommending will provide a sound basis for the allocation of grants, it recognizes that this matter will require further clarification, and, possibly, continuing study.

The Committee recommends:

134. That the Social Planning Council discuss with the appropriate government departments (local, Metropolitan, provincial and federal) the means whereby these departments, together with the Social Planning Council, the United Community Fund, and non-Fund agencies, might study and review present policies and practices with regard to operating grants, capital grants, and other assistance to voluntary agencies and consider further criteria and guiding principles that might be of use to governments in reviewing and re-assessing policy in this regard.

Voluntary Giving, Fees, and Other Forms
of Non-Government Support

While the Committee has paid considerable attention to the role of government in the financing of social services it does not wish to underestimate the importance of voluntary giving. It believes that closing the gap between the financial needs and the resources of voluntary agencies is primarily a task for voluntary contributors. To accomplish this, existing sources of support must be strengthened and broadened, since new sources would appear to be limited. Years of experienced fund-raising have left few stones unturned.

As those familiar with federated fund-raising realize, such a program will involve a broadening of all levels of voluntary support and substantially raising per capita giving in Metropolitan Toronto. The realization of the latter objective will require greater acceptance of payroll deduction on the part of government and private employers. People in private business will be vital to giving campaign leadership in the face of other claims on the contributory dollar.⁽¹⁾

The Workshop Committee on Financing reported that serious problems of both current and projected voluntary support required urgent consideration. There is widespread lack of knowledge and misunderstanding among the general public about modern social welfare. There is confusion about the distinction between "alleviation of the poor" and non-monetary service, about the respective roles of governments and private philanthropy. There is lack of appreciation of the relative importance of giving for capital and for operating purposes. To achieve significantly higher levels of voluntary support, it is evident that there must be much greater public understanding of the purpose and methods of our modern social services. Emphasis in public education programs should be placed on the value of preventive services and the role of voluntarily supported agencies in providing them.

Another problem, the importance of which remains to be fully assessed, emerges from certain trends in corporate giving. Between 1950 and 1960 corporate donations as a percentage of profits before taxes remained relatively

(1) Further details on these aspects of federated fund-raising are included in the Workshop Paper on Financing.

stable, about 1 per cent as compared with the 10 per cent allowance for tax purposes. These figures of course represent the averages, and while some donations are considerably higher, many corporations must be lower.

There are indications of significant shifts in corporate giving away from health and welfare to education and from grants for operating purposes to grants for capital purposes. If these shifts continue and are not accompanied by an important increase in total corporate giving, the support patterns of voluntary agencies in Metropolitan Toronto could be seriously affected.

There are, of course, sources of support other than corporate and individual donations. Important among these are charitable foundations and service clubs. With agency needs continually pressing upon slender resources there is always danger of competing drives for funds with no assurance that the monies that are available will be deployed in the most effective way.

Any number of general recommendations could be made concerning the need for year-round programs to acquaint the public of the financial requirements of services, the need to increase contributions from corporations, individuals, and among groups whose giving has not been commensurate with their financial resources. Many such recommendations would be within the technicalities of fund-raising and would be beyond the scope of this report. The Committee, instead, would bring these matters to the attention of fund-raising agencies.

The Committee notes that several recommendations aimed at meeting some of the above problems are contained in the section of this report dealing with priorities. The recommendation regarding functional budgeting could, if implemented, do much to increase public confidence. Also of importance are the recommendations regarding interpretation and regarding service clubs and foundations. (1) There are however concerns to which the Committee would make specific reference with regard to financing.

Research Needs

Expanded research facilities are required to ensure

(1) Chapter III, "Establishing Priorities for Servicing and Financing", page 151.

that social planning and agency programs are sound. The Committee, therefore, stresses the importance of research and adequate funds, and makes the following recommendations:

135. That funds for special research projects be sought from foundations, service groups, or when appropriate from government and not be drawn from regular operating budgets of agencies.
136. That foundation grants be sought primarily for research projects or for pilot projects designed to assess need for a service or the most effective way of meeting it.
137. That, pending the availability of welfare research through a Research Centre, as recommended elsewhere in this Report, the Social Planning Council develop a priority listing of research projects currently required in Metropolitan Toronto and proposals for their financing.

Capital Requirements and Campaigns

Capital programs such as those undertaken by universities, hospitals, or social agencies represent a substantial dollar demand and accordingly affect the resources available for maintenance or expansion of operating budgets of existing organizations. Any substantial increase in capital drives could reduce the forecast of United Appeal proceeds. (1) Capital campaigns therefore should be related to over-all priorities. (2)

Personnel and Salaries

Lack of personnel presents a barrier to the needed development of services. This raises the question of emphasis upon salary levels in priorities, and of financial responsibility for recruitment and training. Recommendations are contained in Chapter II in the section entitled "The Use of Human Resources."

(1) Chapter IV, "The Gap Between Financial Needs and Resources", page 174.

(2) Chapter III, Recommendation 106, page 160.

Fee Income

Fee setting in voluntary agencies is subject to two hazards. On the one hand, continuing shortage of funds can lead to pressures for unwise fee increases which could result in discouraging people from using the service or neglecting those persons unable to pay. On the other hand the public's expectation and willingness to pay fees should not be overlooked.

The variations in the setting of fees among organizations are unavoidable and may even be desirable (e.g., fees for services are calculated differently from membership fees). There would be value in inter-agency consultation, particularly concerning differences in fees which can affect financial stability and the use of agency services. There also would be merit in the development of standards in assessing ability of clients to pay fees.

FINANCING CHILDREN'S AID SOCIETIES SERVING METROPOLITAN TORONTO

This section has been included as a separate section in this chapter because the Committee considers the subject to be of particular importance. The section consists of a summary of the brief Financing Children's Aid Societies Serving Metropolitan Toronto prepared by the Social Planning Council in co-operation with the two Children's Aid Societies⁽¹⁾ and presented to the Corporation of Metropolitan Toronto and the Provincial Government in 1961.

Services Provided by the Children's Aid Societies

The functions of a Children's Aid Society as described in the Child Welfare Act are: the protection of children from neglect, the care and control of neglected children, assistance to unmarried parents, the placement and supervision of children in adoption.⁽²⁾ Thus, all the work per-

(1) Throughout the Report the Children's Aid Society of Metropolitan Toronto will be referred to as the Toronto Society and the Catholic Children's Aid Society of Metropolitan Toronto as the Catholic Society.

(2) Statutes of the Province of Ontario, Child Welfare Act, 1954.

formed by the Societies is with children, or on behalf of children. The children served by the Societies are either in their own homes, or in the care of the Societies in foster homes, adoption homes, or institutions.

For purposes of this report, the services to children will be dealt with in three categories: (i) Services to Children in Care; (ii) Protection and Other Supporting Services; (iii) Special Services.

(i) Services to Children in Care

A child may come into the care of a Society in one of two ways. He may be adjudged "neglected" and declared a "ward" of a Children's Aid Society; he may be taken into care temporarily on a voluntary basis, with the consent of the parents, as a "non-ward."

(a) Financing Ward Care

A municipality is required by statute to pay the full cost of care of wards on the basis of the daily rate established annually by a judge of the Juvenile and Family Court. The formula used to determine the rate is set out in the Regulations made under the Child Welfare Act.

By statute, the Province of Ontario is required to reimburse a municipality to the extent of 40 per cent of the net expenditures on the daily rate basis, that is, the total expenditures, less recoveries from parents and relatives. (Section 24 and Section 17, Sub-section 11).

In the two Societies' budgets, all items related to ward care are identified as "statutory."

Fixing the rate. The rate is determined by the total costs to the Society for all services to children in care, both wards and non-wards, performed during the previous year, divided by the total days' care, again covering wards and non-wards, provided in the same year. Thus, the rate is set in relation to the previous year. Any deficit or surplus incurred in one year for ward care is taken into account in establishing the rate for the succeeding year.

(b) Financing Non-Ward Care

Under the Child Welfare Act, Section 27, a municipality may by by-law authorize a Society to furnish non-ward care and, where a Society is enabled to do so, it may then charge the municipality the rate; the Province is required to reimburse the municipality 40 per cent of its net expenditures as in ward care. The Metropolitan Toronto Corporation has

accepted financial responsibility for a specified number of non-ward days' care provided by the Societies. In the Societies' budgets, all items related to non-ward care are identified as "non-statutory."

(c) Distinction in Financial Accounting for Ward and Non-Ward Care

Although the two levels of government have accepted in practice the full cost for all children in care, a distinction is made by both levels of government between ward and non-ward care, which creates difficulties.

(d) Provincial Differentiation

The Child Welfare Act makes it mandatory for a municipality to pay the full cost of care for wards, whereas the cost of care for non-wards is optional for a municipality.

A Society serving a municipality which has not been prepared to take advantage of Section 27 has a strong inducement to make the maximum use of wardship, whereas a Society in a municipality which has accepted Section 27 will undoubtedly seek to hold wardship to a minimum.

It is always preferable to avoid taking ward action wherever possible. Removal of guardianship from parents has a serious effect on the parents and the relationship between parents and the child. It should be taken only when it is needed to protect the child. It is, therefore, recommended:

139. That the Child Welfare Act be amended to make municipalities responsible for all children in care provided by the Children's Aid Societies, without differentiating between wards and non-wards; necessary controls and supervision should be set up in regulations.

A particular problem exists in the Toronto area in relation to the Province's distinction between wards and non-wards. If a child is admitted on a voluntary basis by one of the Societies, maintenance costs are paid by the Metropolitan Corporation; if he is placed by another agency in Metropolitan Toronto, public funds are made available today only if the family resides in and has legal residence in the City of Toronto, the only municipality to accept this responsibility.

This differentiation in financing services to children in care undoubtedly has a direct effect on the two Children's Aid Societies operating in Metropolitan Toronto. The extent of services provided by the three voluntary child placement agencies -- Protestant Children's Homes, Jewish Family and Child Service, and Catholic Family Services -- is necessarily limited by the availability of funds from the United Community Fund. The Societies, on the other hand, are in the position of having to accept for placement children whose welfare demands such care and whom the voluntary agencies are unable or unwilling to take.

In practice, the two Children's Aid Societies are charged with a large and inescapable residual responsibility for children requiring care. It is, therefore, recommended:

140. *That the Municipality of Metropolitan Toronto assume the entire municipal responsibility for support which is made available to agencies, other than Children's Aid Societies, providing child care services.*

(e) Metro's Differentiation

Although Metropolitan Toronto has been accepting responsibility for all non-ward care and paying the full accounts submitted, there appears to be no Metro by-law (as required under Section 27). It is, therefore, recommended:

141. *That pending a change in Provincial legislation, the Metropolitan Corporation should pass the necessary by-law under Section 27 for non-ward care.*

In the annual estimates, the Metropolitan Municipality sets out its budget allocations for the support of Children's Aid Society services in two items: "statutory," for ward care, and "non-statutory." The latter includes (1) the cost of non-ward care; (2) protection services, including services to unmarried parents and other supporting services, such as relief, homemaker services, and private or quick adoptions, and (3) special services.

When the need for non-ward care uses up a large proportion of the non-statutory budget, it leaves less money available as a contribution towards protection and other supporting services. This method of Metro budgeting thus leaves the amount of money available as a real grant for protection and other supporting services uncertain and

dependent primarily on the proportion of care given without wardship. This system could encourage the Societies to take ward action in order to use a smaller proportion of the Metro non-statutory grant and leave more available for protection and other supporting services. Such action is not desirable from a social point of view, nor can it be expected to be less costly. Actually, the Societies are maintaining the principle of taking ward action only where it is in the best interest of the child and, as a result, are in financial difficulties. In practice, the Metropolitan Corporation, in reviewing the Societies' budget submissions, has been making up the deficits of the preceding year.

The actual amount of Metro support for protection and other supportive services would become much clearer if the Municipality of Metropolitan Toronto were to set up five items in its budget estimates instead of the present two, retaining the Children's Aid Societies' statutory item and breaking the non-statutory grant item into the following: non-ward care, relief (including homemaker services), capital purposes, grant towards protection work and other supporting services.(1) It is, therefore, recommended:

142. That the Municipality of Metropolitan Toronto should include separate appropriations in its budget estimates covering each category of financial support being provided to Children's Aid Societies and to any other agencies providing child care services, with support from Metro.

(ii) Protection and Other Supporting Services

Historically, the most important function of a Children's Aid Society has been the provision of care for "neglected" children. Increased understanding of the serious effects of separating a child from his family and the measure of success experienced by social agencies in preventing fam-

(1) On February 7, 1961, the Municipality of Metropolitan Toronto enacted a by-law designating the Commissioner and the Deputy Commissioner of Welfare and Housing to authorize the Children's Aid Societies operating within the municipality to furnish temporary care and shelter to a child where the person in charge of a child consents thereto.

ily break-up have led to a growing emphasis on prevention in child welfare programs. Protection and other supporting services have become increasingly important in Children's Aid Societies' work. Experience strongly suggests that the more successful the work in the protection department the fewer the number of children for whom ward action becomes necessary.

The Province, by statute, makes a direct grant to all Children's Aid Societies under a formula contained in regulations of the Child Welfare Act, which is roughly \$100 per employee per month. Salaries are the major item in the cost of protection services. The balance of the protection budget has been considered the responsibility of the Metropolitan Corporation and the United Community Fund. The participation of each is voluntary and the extent of the program is determined accordingly.

The Social Planning Council and the Societies believe that protection services should continue to be financed by a combination of voluntary and government funds, but that there should be a more equitable basis for the division of the responsibility among the three financing partners.

The Province's assistance to protection services was instituted more than a decade ago. The present \$100 per month formula has been in force since 1956. A grant formula which makes use of dollar amounts has the great advantage of simplicity, but the serious shortcoming of shrinking dollar value in a period of creeping inflation. Where a dollar amount is part of a grant formula, the terms ought to be reviewed and revised periodically at regular intervals in order to avoid a growing sense of grievance by the recipient. It is, therefore, recommended:

143. That the Province of Ontario should amend the Child Welfare Act to ensure periodic review and revision of the rate of provincial subsidy of protection and other supporting services. It should conduct the first such review as part of its current reconsideration of Children's Aid services.
144. That the Municipality of Metropolitan Toronto should undertake to make a protection grant employing the same pattern of grant formula as the Province now uses.

145. *That the United Community Fund should underwrite the balance of the amount required by the Societies to perform their protection functions at the level expected of them by the community.* (1)

The Societies have three main functions as part of their Unmarried Parents Services: (1) service to unmarried mothers, from the time they first come to the Societies until permanent plans are made for their children; (2) care of the children, in most instances, including placement in a foster home, ward action where advisable, and adoption arrangements where requested and feasible; (3) an endeavour to make the putative fathers accept and meet their obligations.

The Toronto Societies serve a large proportion of unmarried mothers in the Province. Many pregnant girls, in their desire to hide their condition from family and friends, leave their own communities and try to lose themselves in a large community. It is to be expected that Metropolitan Toronto, the largest metropolitan community in the Province, with six maternity homes within or close to the city able to provide shelter and care, will attract unmarried mothers from all over the Province.

The Societies between them accept for service any girl whose address is within Metropolitan Toronto. No length of residence is required. The Societies also on occasion are requested by an out-of-town agency to give service to a girl who wishes to leave her local community during pregnancy. Protection and service are the primary consideration in the Societies' policies in respect to unmarried mothers and, therefore, intake policies are generally more flexible than in other departments. The Metropolitan Municipality and the United Community Fund are in the position of sharing costs with the Province for services to unmarried mothers from all over the Province.

The method of financing the cost for the care of the child has been outlined above. When the child is taken into care on a non-ward basis, pending permanent plans for either adoption or return to its mother, the municipality of Metropolitan Toronto is responsible for meeting the bills,

(1) The Committee takes a sympathetic view of this recommendation and would recommend to the United Community Fund that it review its responsibilities in this connection in order that the objectives envisaged may be achieved.

regardless of where the mother came from. When the mother is unable to keep her baby and the child is considered to be not readily adoptable, the child is made a ward. In situations where the mother comes from outside the municipality of Metropolitan Toronto, a charge-back is made to the municipality where the mother has legal residence. These charge-backs, particularly to smaller municipalities, violate the confidentiality and completely defeat the purposes of the girl coming to Toronto.

In 1951, the Canadian Welfare Council recommended that provincial governments assume financial responsibility for the maintenance of unmarried mothers and their children; the Realignment Report urged concerted local action to bring this matter to the attention of the appropriate provincial authorities. (1) Five provinces in Canada -- British Columbia, Alberta, Saskatchewan, Quebec and Newfoundland -- have adopted the Canadian Welfare Council's recommendations in respect to establishment of residence for unmarried mothers on a provincial basis. Because of the undesirability of costs being charged back to local municipalities, and because the Metropolitan Corporation and the United Community Fund should not be expected to meet the cost of services to both unmarried mothers from outside Toronto and their children, the Social Planning Council and the Societies reiterate their belief that the Province should assume responsibility for total costs involved in the maintenance of and services to unmarried mothers and their children. Implementation of this recommendation would produce these changes: where at present the Province is meeting 40 per cent of the cost, it would pay 100 per cent of the cost for children born out of wedlock; where services offered to unmarried mothers are subsidized on the \$100 per month formula, the Province would assume the entire expense.

It is, therefore, recommended that:

146. *That the Province of Ontario should assume responsibility for the total costs involved in the maintenance of and services to unmarried mothers and their children.*

(1) Municipality of Metropolitan Toronto, Report upon a Proposed Realignment of the Jurisdiction of the Children's Aid Societies Operating within the Metropolitan Toronto Area, (August, 1956).

In comparison with other Ontario communities, it is in this area that the Municipality of Metropolitan Toronto is suffering the greatest inequity because of the extent to which unmarried mothers gravitate to Toronto. If the Province is unable to take up the entire responsibility immediately, it should as a minimum alternative begin on a program to take over the responsibility in stages. The first step might be to pay for the services to the unmarried parents (which would directly benefit the Societies), or to meet the cost of caring for the children (which would benefit the Metropolitan Municipality and enable it, in turn, to increase its assistance to the Societies), or to pay a greater share of the cost for services both to unmarried parents and to children. The important point is to make a solid attack of some sort on the existing inequity.

Private and quick adoptions. Children's Aid Societies have mandatory responsibility under the Child Welfare Act for completion of all legal adoptions, whether or not they have found the adoption homes and placed the children in them.

The Child Welfare Act requires that every person other than a Children's Aid Society who places a child with another person on the understanding that such a person will adopt the child shall within thirty days register the placement with the Provincial Director of Child Welfare. At the request of the Director of Child Welfare, a Children's Aid Society is required to submit a report to the Director as to the suitability of placement. (1)

Both Toronto Societies have been delegated the responsibility for investigating and submitting reports on all such adoption placements registered in Metropolitan Toronto. These are referred to as "Private Adoption."

"Quick Adoptions" is the term used to designate the application of persons for the legal adoption of a child to whom one of the applicants is related. This occurs most commonly in the situation where a parent has remarried and his or her spouse is applying for adoption. The Societies' functions are usually limited to an investigation and the furnishing of a report to the Director.

(1) Revised Statutes of Ontario, 1960, Chapter 53, The Child Welfare Act, 1954, (As amended 1961-62, Chapter 14; 1962-63, Chapter 12).

The costs for private and quick adoptions are assigned to the protection budget, and are supported by the Province, on the formula basis outlined above, that is, \$100 per salaried worker per month occupied in such work. The Metropolitan Corporation and the United Community Fund provide the balance.

The Toronto Society receives more than a proportionate share of requests for investigation of private and quick adoptions. As has already been pointed out, the portion of grant funds from the Metropolitan Corporation which is left over for protection and other supporting services has been much less of late years in the case of the Toronto Society than the Catholic Society. Since so little money is required for private and quick adoptions by the Catholic Society, and since so little money is available for these services in the case of the Toronto Society, the major expense of private and quick adoptions has been borne by the United Community Fund with the Province in second place.⁽¹⁾

The Realignment Report recommended that the Province be asked to amend the Child Welfare Act to provide for payment of adoption fees by adopting parents, subject to a waiver of fees where they would create a hardship.⁽²⁾ Undoubtedly, many adopting parents, whether involved in regular, private, or quick adoptions, are in a financial position to pay for the service and would appreciate the opportunity of doing so. Experience in other jurisdictions where a fee policy is in effect, Manitoba being one, is that the availability of adoption applicants need not be adversely affected, provided the policy is carefully interpreted to the community, is flexible, and does not inhibit the selection of people who are prepared to adopt.

It is, therefore, recommended :

147. That the Province of Ontario amend the Child Welfare Act to provide permissive legislation allowing Societies to charge fees for adoption services.

(1) In 1959, the Catholic Society completed 95 private and quick adoptions. In the same year, the Toronto Society completed 551.

(2) Municipality of Metropolitan Toronto, Report upon a Proposed Realignment of the Jurisdiction of the Children's Aid Societies Operating within the Metropolitan Toronto Area, (August, 1956).

(iii) Special Services

Both Toronto Societies undertake a group of services which are excluded in calculating the cost of administration and in apportioning the share for children in care costs eligible for governmental financing. The Toronto Society provides four such categories of service: relief, Official Guardian investigations, Family Allowance investigations, and a student training program. The Catholic Society provides two: relief and Family Allowance investigations. Further student training is undertaken by each Society without segregation in the accounts as a special service.

(a) Relief Fund

The purpose of the relief fund, established in 1955, is to keep families united and to assist in the re-establishment of a family. The Societies also use their relief funds for temporary homemaker services to prevent placement of children.

Because Metro's undertaking to pay such relief is being met through its non-statutory grant, when expenditures for relief and homemaker services increase the amount remaining for protection services is less.

It is, therefore, recommended:

148. *That the Province share relief costs with the Metropolitan Corporation under the General Welfare Assistance Act; and similarly, share homemaker services under the Homemakers and Nurses Services Act.*⁽¹⁾

(b) Investigations for the Official Guardian

The Toronto Society undertakes to make the investigations relating to custody of children in all divorce proceedings in Metropolitan Toronto. The Official Guardian's Office pays the Society a fee for each investigation, intended to cover the cost of the service. The fee is based on salaries, pensions, and direct administrative expenses, but does not include overhead costs.

(1) This would require the Metropolitan Corporation to be classified as a municipality: see Recommendation 126, in this chapter.

It is, therefore, recommended:

149. That the Toronto Society negotiate an increased fee with the Official Guardian's Office sufficient to cover the full cost. If unsuccessful in this objective, the Society should consider discontinuing the service.

(c) Family Allowance Investigations

Both Societies undertake investigations at the request of the Family Allowances Division of the Department of National Health and Welfare. They receive a fee of \$7.50 for each investigation. Here again, the amounts involved are small, the combined revenue totalling about \$600 in 1959. The principle of full payment should we believe, be maintained.

It is, therefore, recommended:

150. That the Societies calculate their service costs in full and negotiate with the Government of Canada accordingly, for an adequate fee.(1)

(d) Student Field Instruction

Both Societies provide an opportunity to School of Social Work students to obtain field instruction.

A great many agencies in the welfare field, both public and voluntary, give field instruction to students from the Schools of Social Work. The student program benefits both the universities and the Societies. In the process of teaching the students, it relieves field workers

(1) Subsequent to the issuing of the brief on which this section is based, the Official Guardian's Office increased its fee to the Toronto Society to \$40.00 for a full investigation. Negotiations between Children's Aid Societies and the Family Allowances Division of the Department of National Health and Welfare also resulted in an increased fee of \$20.00 for each investigation. The new fees were based on the Societies' estimate of their actual costs.

of some work load and also gives supervisory experience to other field workers. The arrangement makes sense in ensuring a flow of new staff with some prior adjustment to their work responsibilities. Like other areas of Children's Aid work, this program needs to be kept within bounds and reviewed from time to time to ensure its effectiveness.⁽¹⁾

(1) The section on Human Resources in chapter III contains further reference to financing of student field instruction.

CHAPTER IV

G U I D E L I N E S T O A C T I O N

INTRODUCTION

The purpose of this Study has been to make an assessment of needs and resources and to indicate the kind of action that should be taken to make the most effective use of the available resources in meeting the needs. In the preceding chapters this has been done. In this chapter the Committee is offering some guidelines for the action that should be taken on the basis of this report.

The Committee is aware that major changes in economic patterns, or in the social welfare picture generally, will affect the achievement of specific recommendations made in this report although such changes cannot be predicted accurately. Additional factors which have been taken into account in preparing the guidelines for action contained in this chapter are the availability of resources; the indications of readiness of governments or voluntary organizations to undertake new work, modify present arrangements, or participate in joint activities; the existing legislation; and the knowledge about the requirements or effect of certain actions. Action on all the recommendations and proposals cannot proceed at the same pace. Nevertheless all the recommendations merit immediate attention if the identified needs within the metropolitan community are to be met effectively. The Committee considers that the recommendations offer practical guides for community action.

There are a number of considerations that have determined the way in which the guides for action have been formulated by the Committee. In the first place, these recommendations have been formulated on a community-wide basis, involving government and voluntary groups (both United Community Fund and non-Fund) and in turn many of the recommendations affect both government and voluntary agencies. This is so because the needs they are designed to meet are part of the living texture of the whole community and the action to meet these needs must be integrated. The inter-relatedness both of various needs and of various services is a basic fact that the Committee has recognized in preparing these guides. At the same time action on the recommendations

must be taken by many agencies, organizations, and departments with varying resources, problems and perceptions of the whole situation.

The Committee is not in a position, and would not wish, to do more than make recommendations. It recognizes that the situation within any individual organization will determine in the final analysis what that organization does. For these reasons, the Committee offers guides for action based not on what is "most urgent", or "most important", or "must be done first", but based on an estimate of the time required to achieve the various recommendations. "Achievement" of a recommendation is intended to mean the formal establishment of the agency or program or substantive part of a recommendation. Clearly full achievement of many of these recommendations will develop over the years and in most cases will not be accomplished adequately for a number of years after a first formal "achievement" has occurred.

Some of the recommendations require action which is relatively simple and may involve only one or two organizations. Other recommendations involve a number of organizations or departments and will require negotiation, gathering information and consultation over a period of time before they will be achieved. With so many groups involved, each with its own decision-making powers, requirements, and interests, the Committee considers that it would not be feasible for it to assign any firsts, or seconds, or other ranking to its recommendations. At the same time the Committee considers that by sorting its recommendations into a staging sequence it is providing the appropriate guidance. One of the recommendations - the establishment of a Needs and Resources Commission - would provide the yearly review that would correct and realign the action being taken to secure a better balance between needs and resources.

In preparing its recommendations the Committee has taken into account that the present services in Metropolitan Toronto reflect a serious problem of imbalance in the allocation of resources between different groups in the population, between different functions of the existing agencies, and between the different geographic areas.

A brief look at the maps enclosed with this report will show that the rapidly expanding suburbs lack services long established in the central city, such as family welfare services, day care services for children of working mothers, counselling services for youth, juvenile court, legal aid, and mental health clinics.

An imbalance of services between the various

"populations" of the Metropolitan community also has been revealed by the Study. There has been a substantial increase in the proportion of older people, recent immigrants, and youth, and this has not been accompanied by any comparable adjustments in services to meet the needs of these groups.

A functional imbalance is indicated by the failure to adjust services to changing concepts in meeting needs. This is illustrated by failure to provide homemaker services as an alternative to child placement or institutionalization of older people; insufficient attention to counselling services to families and children before critical situations require placement; slowness in developing medical home services as an alternative to hospitalization; failure to plan adequately for after-care services for persons discharged from hospitals and institutions; and continuation of specialized agencies to serve the various members of families, in spite of the evidence for the need of integrated services to the family unit.

GUIDES FOR ACTION

There are three categories of recommendations: those having to do with financing; those having to do with direct services, and planning and co-ordination; and a third group of recommendations which are general in nature or directed to a specific organization or department.

With regard to the recommendations on financing, the Committee has not changed the grouping from that in the chapter on Financing. Rather it has recommended a means by which action on these recommendations can be initiated and co-ordinated.

The recommendations with respect to direct services and planning and co-ordination have been arranged in three major groupings: those that the Committee believes can be achieved fairly quickly (before the end of 1965); those that the Committee believes will take a somewhat longer time to achieve (before the end of 1967); and those that the Committee believes will not be achieved until some time later. The Committee is of the opinion, however, that regardless of the time it may take to achieve any recommendation, appropriate action should be initiated on each of them as soon as practicable.

In the third category of the Guides for Action are found the balance of the recommendations grouped by types of services but not related to any time expectations.

A. FINANCING

Immediate and continuing action on the various recommendations related to financing will depend on the extent to which various government and voluntary groups can increase available financial resources, and bring about important changes in present distribution of the responsibility for providing and financing services. For these reasons the Committee proposes that action on these recommendations proceed as follows:

151. That a special committee be established immediately to take responsibility for assuming, or following up, action on the recommendations in this report related to financial resources. This committee should be initially established by the Social Planning Council, in consultation with, and participation from government, Fund, non-Fund and other groups in the community most concerned with the financial recommendations and financial policies. On the formation of the Needs and Resources Commission, this committee would then operate under its auspices.

B. DIRECT SERVICES AND CO-ORDINATION

<u>1963 to 1965</u>	<u>1963 to 1967</u>	<u>1963.....</u>
<p><u>Services to Families, Children and Youth</u></p> <p>*Establish a new multi service community agency. (4,5,6,7,8,9)</p>	<p>*Expand visiting homemakers services. (42,43,44)</p>	<p>*Integrate in Metropolitan Toronto Public Welfare Services and Public Health Services respectively. (3)</p>
	<p>*Transfer youth counselling services now provided by Big Brother Movement and Big Sister Association to family service agencies. (14,15)</p> <p>*Decentralize Juvenile and Family Court. (71)</p> <p>*Expand guidance and counselling facilities. (23)</p>	<p>*Decentralize and make more comprehensive Legal Aid service. (72)</p> <p>*Extend public assistance to certain low-income families. (2)</p>

Special Services to Children

*Establish, or finance, day nurseries, under Day Nurseries Act, throughout Metropolitan Toronto. (117)

*Establish co-ordinated school social service departments. (24)

*Establish day camps to assist in summer day care of children of working mothers. (35)

B. DIRECT SERVICES AND CO-ORDINATION (continued)

	1963 to 1965	1963 to 1967	1963.....
<u>Services for the Retarded</u>			
*Provincial government assume total cost of schools for retarded children. (115)			<ul style="list-style-type: none"> *Develop further out-patient and in-patient hospital services, diagnostic clinics, and schools for retarded children. (60) *The Haven and the Metropolitan Toronto Association for Retarded Children work towards co-ordination and one administration. (61)
<u>Emotionally Disturbed & Mentally Ill</u>			
*Local Ontario Hospital develop separate unit for care of adolescent patients with emotional disturbance. (33)			<ul style="list-style-type: none"> *Prov. Gov't to provide necessary mental health services accessible to all in metropolitan area. (57) *Increase government support to voluntary after-care agencies complementing Ontario Hospitals and Mental Health Clinics. (58) *Ontario Hospitals develop geriatric services. (41)

B. DIRECT SERVICES AND CO-ORDINATION (continued)

1963 to 1965	1963 to 1967	1963.....1963.....
<u>Services to Offenders</u>		
*Increase government support to voluntary after-care corrections services. (73)		
<u>Special Services to Youth</u>		
*Expand rooms registries for youth. (31)	*Provide group living accommodation for handicapped and teenagers. (32)	
*Big Brother Movement concentrate on providing volunteer big brothers. (12)	*Establish a Youth Centre. (28)	
*Big Sister Association concentrate on projects such as bursaries, group homes and residences. (13)	*Develop residences for physically handicapped young adults. (68)	
*Continue detached worker projects. (29)	*N.E.S. branch offices more accessible to youth; locate branch offices in health and welfare centres; N.E.S. develop vocational counselling service. (25,26)	

B. DIRECT SERVICES AND CO-ORDINATION (continued)

1963 to 1965	1963 to 1967	1963 to 1967	1963.....
<u>Services for the Aged</u>			
*Develop more flexible and varied patterns of living arrangements in public housing for old people. (37)	*Extend boarding and foster home programs. (37)	*Develop more day care programs and sheltered workshops under various auspices. (39)	
*Churches and service clubs broaden services to aged; Second Mile Club extend consultation services. (38)	*Develop "Meals on Wheels" as part of home care for aged. (40)		
<u>Health Services</u>			
*Continue Home Care Project on a permanent basis and expand, as an alternative to hospitalization and subsidize through hospitalization insurance. (51,52)	*Ontario Hospital Association consider the need for hospital social service departments in Metropolitan Toronto hospitals. (54)	*Ontario Hospital Association and O.H.S.C. give special attention to location and hours of out-patient clinics. (53)	
*Expand visiting nurses services of existing agencies; and municipalities implement legislation. (62)			

B. DIRECT SERVICES AND CO-ORDINATION (continued)

	<u>1963 to 1965</u>	<u>1963 to 1967</u>	<u>1963.....</u>
<u>Homeless and Transient Men</u>			
	*Special emphasis given to assessment and rehabilitation services, and day care facilities expand. (48)		
<u>Recruitment and Training of Staffs</u>			
	*Establish a planning and advisory service to improve and facilitate the recruitment, training and best use of paid and volunteer personnel for welfare, health, and recreation services. (91)	*Establish graduate courses for training vocational counsellors. (27)	
	*Establish in-service training programs for untrained and partially trained workers, and recognize successful completion of courses in job descriptions and salary schedules. (94)	*Designate vocational counselling and rehabilitation agencies as teaching centres. (66)	
	*Develop evening courses for sheltered workshop staff for purposes of upgrading. (66)		

B. DIRECT SERVICES AND CO-ORDINATION (continued)

<u>1963 to 1965</u>	<u>1963 to 1967</u>	<u>1963.....</u>
Recruitment and Training of Staffs (continued) *Hold seminars on current developments in social welfare. (95)	*Encourage staff to take language classes; recruit staff familiar with various ethnic groups and languages and assist them in obtaining professional training; strengthen International Institute's consultation services to community agencies. (46)(92)	*Wider and more effective use of citizen boards and committees by government. (86)
Citizen Participation *Agency budgets recognize need for staff to provide more effective volunteer services. (88)	*Expand courses for volunteers on an inter-agency basis; and advisory services on use of volunteers. (89,90)	*More effective use of boards and committees by voluntary organizations. (87)

B. DIRECT SERVICES AND CO-ORDINATION (continued)

<u>1963 to 1965</u>	<u>1963 to 1967</u>	<u>1963.....</u>
<p><u>Research (including Special Projects)</u></p> <ul style="list-style-type: none"> *Establish project for more effective ways of working with multi-problem families. (20,21,22) *Develop group homes and family day care programs. (16,36) 	<p>*Department of National Health and Welfare convene a national Conference on Social Welfare Research. (100)</p> <p>*Establish Research Centre to include social welfare research. (101)</p>	<p>*Develop recruitment program for students to specialize in research. (98)</p> <p>*Undertake proposed study on prostitution. (30)</p>
<p><u>Planning and Co-ordination</u></p> <p>*Establish Needs and Resources Commission. (102)</p> <p>*Develop long-range and functional budgeting. (103,104)</p>	<p>*Establish Health and Welfare Centre(s). (18,19)</p> <p>*Integrate local housing authorities in Metropolitan Toronto. (110)</p>	<p>*Regroup and clarify roles of various provincial departments concerned with welfare, health, and recreation. (108)</p> <p>*Clarify relationships of Canadian Welfare Council, Provincial Councils, and local Councils. (109)</p>

C. GENERAL RECOMMENDATIONS AND THOSE DIRECTED TO SPECIFIC ORGANIZATIONS

- | | | |
|--|--|--|
| <u>Training and Recruitment</u> | <u>Planning and Co-ordination</u> | <u>Health Services</u> |
| *Establish special lectureship in corrections on a permanent basis at the School of Social Work, University of Toronto. (70) | *Social Planning Council to become more project-centred, increase co-ordination of functions and program; strengthen and extend consultation services; review policies on membership, grants and fees for service; establish Social Service Index; give greater publicity to the Information Service; and achieve closer consultation with physical planning groups. (77, 78, 80, 82, 83, 84, 85, 111) | *Integrate present branches of the Victorian Order of Nurses. (63) |
| *Student field practice in public health nursing, and use of specialized staff in visiting nursing agencies. (64). | *Form committee to review local implications of the recommendations of the reports of the Royal Commission on Canada's Health Services and the Survey on Hospital Needs in Metropolitan Toronto. (55) | |
| *Endorsement of present explorations of the need for undergraduate degree, and technical courses in social welfare. (93) | | |
| <u>Research</u> | <u>Services to Families, Children and Youth</u> | |
| *Strengthen the Research Department of Social Planning Council. (76) | *Develop effective procedures for family agencies to refer clients who wish to be served by an agency of their own religious and cultural group; and refer youth to community services working with young people needing help. (10, 11) | |
| *Increase the research component of the graduate curriculum of the University of Toronto School of Social Work. (98) | *Create appropriate organization to achieve comparable standards of service among | |

C. GENERAL RECOMMENDATIONS AND THOSE DIRECTED TO SPECIFIC ORGANIZATIONS (continued)

-
- Services to Families,
Children and Youth (continued)
family agencies. (17)
- *Base all public assistance programs on sound and clearly defined standards as to amounts of assistance, and staff. (1)
 - *Payments made direct to head of household for long-term homemaker services. (45)

APPENDIX A

GENERAL COMMITTEE

Chairman

The Honourable M. Wallace McCutcheon, Q.C.*

Joint-Chairmen

Mrs. Kaspar Fraser Mr. J.T. Weir, Q.C. Mr. Ray D. Wolfe

--

Mr. Wm.M. Anderson, C.B.E.

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The Rev. Dr. Graham Cotter

Mr. R.T. Donald, Q.C.

Mr. Ross Dunn, Q.C.

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Mr. R.G. Fitzpatrick

Mr. Douglas G. Gardner

Mr. W. Earle Gordon

Dr. John Hastings

Professor Charles E. Hendry

Mr. Berkeley Hynes

Mr. Bryant M. Kassirer

The Hon. Justice A. Kelly

Mr. Bernard C. Kurtz

Mr. Harold R. Lawson

Most Rev. F.A. Marrocco

Dr. R.R. Medhurst

Mr. D.R. Montgomery

Dr. Edna L. Moore

Brigadier W. Poulton

Mr. Vincent P. Reid

Capt. Bruce Robertson

Mr. Samuel J. Sable

Mr. R.J. Smith

Mr. Herman A. Stephens

Mr. T.W. Thompson

Mr. J.J. Wilson

Mr. Harry L. Wolfson

Steering Committee

Chairman - Mr. John T. Weir, Q.C.

Mr. R.T. Donald, Q.C.

Mrs. Kaspar Fraser

Mr. Harold R. Lawson

Mr. Ray D. Wolfe

Staff

Study Director: Miss Florence L. Philpott

Assistant Study Director and Co-ordinator: Mr. David Smith

Associate Directors: Mr. John M. Gandy

Miss Florence Hutner

Mr. Douglas M. McConney

Monsignor Claude J. Mulvihill

Mr. Benjamin Schneider

Mr. William J. Watson

* Mr. McCutcheon resigned upon his appointment to the Senate, August, 1962.

APPENDIX B

ACKNOWLEDGEMENTS

This Study is the result of the outstanding leadership, participation and support of many groups and individuals in our community. In acknowledging the contribution of the many who helped in a variety of ways, it is appropriate to make special mention of the following:

- * the Corporation of Metropolitan Toronto, the Atkinson Charitable Foundation, and the United Community Fund of Metropolitan Toronto, for their financial support;
- * the premiers of the Province of Ontario, The Honourable Leslie M. Frost, Q.C., LL.D., and The Honourable John P. Robarts, Q.C., LL.D.; the chairmen of the Metropolitan Corporation, Frederick G. Gardiner, Q.C., and William R. Allen, Q.C.; and the mayors of the City of Toronto, His Worship Mayor Nathan Phillips, Q.C., and His Worship Mayor Donald D. Summerville;
- * the members of the Workshop and Technical Committees and the special Committee that produced "Report on the Concept of Needs and the Determination of Priorities";
- * the Council of Catholic Charities and the United Jewish Welfare Fund - co-partners in the Study;
- * the Social Planning Council of Metropolitan Toronto whose staff and resources were assigned to the Study since its inception;
- * Mr. William Dempsey, Miss Frances Halpenny of the University of Toronto Press and Miss Marion Robinson for assistance in editing the Report;
- * and the many committee and staff members from governmental departments and voluntary organizations.

APPENDIX C

WORKSHOP AND TECHNICAL COMMITTEES

Workshop Committees:

The Respective Responsibilities of Government and Voluntary Agencies

Chairman: Mr. Harry L. Wolfson
Co-Chairmen: Mrs. Ward Markle, Mr. Wm. M. Anderson
Members: Mr. Marvin Gelber, Mr. Harry Morrow,
Mr. J. Harvey Perry, Col. E.T. Waterston,
Miss Bessie Touzel, Mr. G. Calhoun.
Staff: Mr. W.J. Watson

The Use of Human Resources

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Co-Chairmen: Mrs. H. Agnew, Mr. Samuel J. Granatstein*
Members: Dr. Angus M. Hood, Mr. C. Stuart Legge,
Mr. W.J.G. Macdiarmid
Staff: Mr. Douglas M. McConney

The 'Best' Pattern of Direct Service in a Metropolitan Area

Chairman: Mrs. Kaspar Fraser
Co-Chairmen: Mr. F. Joseph Cornish Q.C.* Dr. Albert Rose
Members: Mrs. D.D. Carrick* Miss Charity Grant,
Lt. Col. George Hartas,
Mr. Bryant M. Kassirer, Mr. W.N. MacQueen,
Mr. Gower Markle, Mr. Ernest E. Teager.
Staff: Mrs. Freda Manson

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Co-Chairmen: Professor A.J. Dakin, Mr. Arthur E. Gelber
Members: Professor O. Hall, Capt. B.W. Halsey,
Professor B.W. Lappin
Staff: Mrs. Christine Marshall

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Chairman: Mr. H.H. Edmison
Co-Chairmen: Mr. Gordon V. Ashworth, Mr. Bernard C. Kurtz
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Brigadier Arthur Hill, Mr. D.G. Lawson,
Mr. R.O. Moore, Mr. J. Pattison,
Mr. Harry J. Waisglass, Mr. John H. Yerger
Staff: Mr. Donald Gardner

Technical Committees:Child Welfare

Convenor: Mrs. Freda Manson

Consultants:

Mrs. A.M. Kirkpatrick
Mr. John Melichercik
Miss A.B. Quiggan

Dr. John Rich
Miss Elsie Stapleford
Miss K. Taggart
Miss Jessie Watters

Community Planning

Convenor: Mr. Leon Kumove

Consultants:

Mr. William A. Dempsey
Miss Vivienne Durden
Miss Margaret Fullerton

Mr. J.D. Killoran
Mr. Benjamin Schneider
Monsignor Claude J. Mulvihill

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Consultants:

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Dr. T. Grygier
Miss Phyllis Haslam
Dr. S.K. Jaffary

Brigadier Peter Lindores
Mr. W.T. Little
Rev. John J. Moyer
Mr. D.E. Taylor

Family and Individual Counselling

Convenor: Miss Florence Bell

Consultants:

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Dr. G.P. Cosgrave
Mrs. Mary Diamond
Mr. Jerome D. Diamond
Mr. Mario Galeazzi
Miss Eleanor Songhurst

Miss Rita Lindenfield
Miss Mary Lugsdin
Miss Violet Munns
Mr. R.R. Tomlinson
Major Mary Webb

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Convenor: Miss Jean Taylor

Consultants:

Dr. Edward Armour
Miss Eileen Cryderman
Mr. Edward Dunlop
Dr. Martha Law

Mr. Sidney Liswood
Miss Anne-Marie Quigley
Miss Bernice Seeds
Dr. W.G. Watts

Technical Committees (Continued)Housing

Convenor: Mr. Leon Kumove

Consultants:

Mr. Macklin Hancock
Mr. Donald Paterson
Mr. Paul Ringer

Miss Alice Smout
Mr. Derrick Willis

Income Maintenance

Convenor: Miss Florence Bell

Consultants:

Major Laura Hanson
Mr. Wm. Kellerman
Mr. D.G. McKenzie
Miss Gwen Oliver

Miss Sarah Rhinewine
Miss M. Stelck
Miss Lillian Thomson
Mr. William A. Turnbull

Physically and Mentally Handicapped

Convenor: Mrs. Christine Marshall

Consultants:

Dr. J.D. Atcheson
Miss Margaret Burns
Mr. Milton Friedman
Dr. A.T. Jousse
Miss J. Keagey

Mrs. Lorna Kruger
Dr. T.J. Mallinson
Miss J. Manson
Brigadier Joshua Monk

Recreation and Informal Education

Convenor: Mr. John Farina

Consultants:

Miss Opal Boynton
Mr. Jack C. Eilbeck
Mr. John Haddad
Miss Donald McRae

Mr. Sidney Olyan
Mr. Ian Thomson
Mr. Fraser Woodhouse
Dr. Edbrooke S. Wybourn

Services to the Aged

Convenor: Mr. Donald Gardner

Consultants:

Mr. Donald Bellamy
Miss Nesta Hinton
Dr. Mary Laurence

Miss Helen Parsons
Mr. Sam Ruth
Dr. Cope Schwenger

APPENDIX D



SOCIAL PLANNING COUNCIL

160 BAY STREET, TORONTO 1
E.M. 3-4971

OF
METROPOLITAN
TORONTO

M. WALLACE McCUTCHEON
HONORARY CHAIRMAN

R. T. DONALD
PRESIDENT AND CHAIRMAN

MISS FLORENCE L. PHILPOTT
EXECUTIVE DIRECTOR

June 15, 1961.

MEMORANDUM

TO: Presidents and Executive Directors of Agencies and Organizations
FROM: M. Wallace McCutcheon, Chairman, General Committee, Needs and Resources Study.

As you may know, the Social Planning Council is embarking on a Needs and Resources Study of Metropolitan Toronto's Health, Welfare and Recreation requirements over the next five years. I am writing to invite your organization to participate in this Study. As you will see from the attached printed brochure, the important first phase of the Needs and Resources Study is the submission of material related to the Study by agencies, organizations and government departments serving Metropolitan Toronto.

The enclosed Study Outline is intended to guide you in preparing the submission. The information required is general. We are not asking you to make a detailed analysis of your work because this would not be relevant to the Study. We are asking you to prepare your submission through a discussion process involving as many members of the Board with staff as possible. We realize that within the time limits this cannot be as extensive as any of us would wish, but we do ask you to give this high priority between now and September 30th, when we are asking that the material be sent into the Study Committee.

You will notice that the Outline does not ask for submissions on finances. This is not because the Study is ignoring this aspect of planning, but in many cases a great deal of information is already available and because we do want you to be free to concentrate on those aspects of the Study that we have outlined. The Study is explicitly interested in financing and one of the five workshops will be devoted to this subject. We are, therefore, interested in the sources of present finances, the costs and services of support you envisage in any changes or extensions you are planning. We are also interested in the philosophy and policy of your organization with respect to fees.

Although we will gather information on finances from sources already available, we may also wish to consult with the President or Executive Director on information that is either not available or on which the committee planning the workshop on financing is not entirely clear. We also wish to advise that, if in using this Study Outline you think it would be helpful for some member of the staff to sit in with you, we will be happy to arrange for staff to meet either with the Director or Board.

over.....

- 2 -

Enclosed is a copy of the Trend Reports of the Social Planning Council, a general background paper and a bibliography of relevant studies already completed by the Council or other agencies that we think you will find useful. In addition, there is a form with which you can order additional copies of any of the papers.

As you know, the success of this Needs and Resources Study depends in large part on the quality of the response we get. We are counting on you to make this first phase of the Study a highly useful activity.

If you have further questions, kindly contact Miss Florence Philpott, the Study Director, or Mr. David Smith, the Assistant Study Director.



M. WALLACE McCUTCHEON
HONORARY CHAIRMAN

B. T. DONALD
PRESIDENT AND CHAIRMAN

MRS FLORENCE L. PHILPOTT
EXECUTIVE DIRECTOR

MEMORANDUM TO: Representatives to Boards of Education; Boards of Health; Recreation Committees and Welfare Committees.

FROM: M. Wallace McCutcheon, Chairman, General Committee, Needs and Resources Study.

As you will know from our meeting on Monday, the important first phase of our Needs and Resources Study is the submission of material related to the Study by agencies, organizations and government departments serving Metropolitan Toronto.

The printed brochure which you received will provide a general background to the Study. The Study Outline (Paper #1) is intended to guide you in preparing the material. The information required is general. We are not asking you to make a detailed analysis of your work because this would not be relevant to the Study. We are asking you to prepare your submission through a discussion process involving as many members of the Board or Committee with staff as possible. In all cases, the Study Outline may not apply to your particular department. I would, therefore, appreciate your co-operation by answering the Study Outline in such a way as to give us the broadest possible description of your department's work and future plans in keeping with the questions asked. We realize that within the time limits this cannot be as extensive as any of us would like, but we do ask you to give this high priority between now and September 30th, when we are asking that the material be sent in to the Study Committee.

You will notice that the Outline does not ask for submission on finances. This is not because the Study is ignoring this aspect of planning, but because in many cases a great deal of information is already available and because we do want you to be free to concentrate on those aspects of the Study that we have outlined. The Study is explicitly interested in financing, and one of the five workshops will be devoted to this subject. We are, therefore, interested in the sources of present finances, the costs and sources of support you envisage in any changes or extensions you are planning. We are also interested in the philosophy and policy of your department with respect to fees.

Although we will gather information on finances from sources already available, we may also wish to consult with the department head on

- 2 -

information that is either not available or in which the committee planning the workshop on financing is not entirely clear.

We also wish to advise you that, if in using the Study Outline, you think it would be helpful for some member of the staff of the Study to sit in with you, we will be happy to arrange for staff to meet either with the department head and/or the Board of committee.

Enclosed is a copy of the Trend Reports of the Social Planning Council, a general background paper, and a bibliography of relevant studies already completed by the Council or other agencies that we think you will find useful. In addition, there is a form with which you can order additional copies of any of the papers.

As you know, the success of this Needs and Resources Study depends in large part on the quality of the response we get. We are counting on you to make this first phase of the Study a highly useful activity.

If you have further questions regarding the Study, kindly contact Miss Florence Philpott, Study Director, or Mr. David Smith, Assistant Study Director, at the Social Planning Council offices.

Encls.

STUDY OUTLINE FOR AGENCIES, ORGANIZATIONS,
AND GOVERNMENT DEPARTMENTS

1. Present Situation

To what specific needs and problems does your organization direct its attention and what kinds of service does it provide?

2. Changes in your program

Please provide a descriptive statement on the following changes in the program. This should include reasons for the anticipated changes because of present or potential users of the services, or for other reasons.

- (i) Needed improvements in current services (that is, what is needed to do the present job better) during the next five years.
- (ii) Needed extension of current services (that is, to provide a greater volume of services or to serve a larger geographic area) which the organization should put into effect during each of the next five years.
- (iii) Needed new services (that is, any completely new services which are not being rendered now) which the organization should establish during each of the next five years.
- (iv) Any current services which may be reduced or discontinued during each of the next five years.

3. Inter-relationships

- (i) What are your relationships with public or private agencies in your own field of work? What have proved to be effective methods of collaboration?
- (ii) Please provide a statement, including reasons, of the services, which are now being rendered by other organizations, public or private, which might be appropriately given by your agency.

- (iii) Please provide a statement, including reasons, of the services, public or private, which are now being rendered by your organization, which in your opinion, could be more appropriately provided by some other group that, at present, is not able to provide the service, or does not exist.
- (iv) Please provide a statement, including reasons, of the services, public or private, which are now under separate auspices, but which might be more effective if the auspices were merged or amalgamated.

4. Volunteer and paid-staff relationships

- (i) What do you think is the function of the staff in your agency other than in the provision of direct service - e.g. policy making, administration, and financing?
- (ii) What do you think is the function of the volunteers in your agency other than in policy making - e.g. financing, direct service, and administration?
- (iii) In what new ways or changes in organization can you see that will result in more effective use of both volunteers and staff?

5. Planning, co-ordination and research

In the areas of planning, co-ordination and research, both within your own agency and the community, and having regard to the amount of service as well as the methods employed, what suggestions do you have:

- (i) On needed improvements in current planning, co-ordination and research services;
- (ii) On needed extension of these planning, co-ordination and research services;
- (iii) On new planning, co-ordination and research services if any;
- (iv) On any planning, co-ordination and research services now being rendered by any of the groups in this field that should be reduced or discontinued during the next five years.

6. General

In view of the general purpose of the Study, what other comments would you care to make.



160 BAY STREET, TORONTO 1
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OF
METROPOLITAN
TORONTO

M. WALLACE McCUTCHEON
HONORARY CHAIRMAN

R. T. DONALD
PRESIDENT AND CHAIRMAN

MISS FLORENCE L. PHILPOTT
EXECUTIVE DIRECTOR

May 29, 1961

Memorandum to: Chairmen of Area Councils

From: M. Wallace McCutcheon, Chairman,
General Committee, Needs and Resources Study.

As you will know from our meeting on Friday of last week, or from the attached brochure, the important first phase of our Needs and Resources Study, is the submission of material related to the Study by the agencies, organizations, and government departments serving Metropolitan Toronto. With this material from agencies and government departments we include submissions from Area Councils.

The enclosed outline is intended to guide you in making this submission. We are asking Area Councils to prepare material because we think it is important to include the opinion and suggestions of groups and individuals whose interest and point of view represents a specific part of the Metropolitan area rather than the point of view of any one agency or municipal department.

We realize that within the time limits the preparation of this material by the Area Councils cannot be as thorough as any of us would wish, but we do ask you to give this high priority between now and September 30th, when we are asking the report be sent in to the Study Committee.

Since a member of the Social Planning Council staff is attached to your Area Council Committee you will be able to get a full account of the Study, its purposes and methods, at your June meeting. We hope that at that meeting you will be able to set up such committees and procedures as you think most likely to provide the kind of report we are seeking.

Within the next ten days we will be sending you a copy of the Trend Reports of the Social Planning Council, a general background paper, and a bibliography of relevant studies already completed by the Council or other agencies that we think you will find useful. Included will be a form with which you can order additional copies of any of the papers.

As you know the success of this Needs and Resources Study depends in large part on the quality of response we get, and we are counting on you to make this first stage a highly useful activity.

STUDY OUTLINE FOR AREA COUNCILS

Note: In considering the following outline, the statement on the Study should be consulted and please give reasons for proposals and comment on any major obstacles which might exist to implementing such proposals.

1. NATURE OF THE AREA

What patterns of present and future development characterize the area?

2. PATTERNS OF SERVICE

In relation to what is known about the area, please provide a descriptive statement on the following questions, including reasons for advancing opinions:

- a) What needed improvements in current services are seen for the next five years? (that is, what is needed to do the present job better?)
- b) What extensions of current services should be put into effect during the next five years? (that is, to provide a greater volume of services or to serve a larger geographic area).
- c) What new services should be established during the next five years? (that is, any completely new services which are not being rendered now).
- d) What current services may be reduced or discontinued during the next five years?

3. INTER-RELATIONSHIPS

- a) Comment on the relationships between public and voluntary service in the area and any effective methods of collaboration.
- b) Specify, with reasons, any public or voluntary services which are now being rendered by one organization, but which might more appropriately be provided by some other

organization: (a) able to give the service; (b) not at present able to provide the service; (c) or which does not even now exist.

- c) Specify any public or voluntary services now operating under separate auspices which might be more effective if merged or amalgamated.

4. RESOURCES

a) Human Resources:

Comment on the necessity to retain and make greater use of volunteer interest and participation in services. For both government and voluntary services, if these should be increased, in what way can volunteers be involved with paid staff:

- i) to improve programs
- ii) to increase or extend services
- iii) to release more professional staff time?

b) Material Resources:

1) Finance - Please comment on the principle of membership and fees for both public and voluntary services including any changes in existing practices which would be recommended. In relation to sections 2 and 3, please comment on financing changes, increases, or extensions of services.

2) Other - Are the facilities (offices, meeting rooms, auditoria, etc.) available in the area now being used to best advantage for a total pattern of services? In what way are improvements in existing facilities, increased facilities, or a dual use of facilities suggested?

5. PLANNING, CO-ORDINATION AND RESEARCH

In the areas of planning, co-ordination, and research, both within the Social Planning Council, and the community, what suggestions are there for the next five years:

- a) for modifications and improvements in present planning and co-ordinating bodies
- b) for extensions of activities
- c) for new activities
- d) for any activities of existing planning and co-ordinating groups which could be reduced or discontinued.

6. THE METROPOLITAN AREA:

Comment on the effect of the expansion of Metropolitan Toronto on the structure of both voluntary and government services. What suggestions for the best pattern of services in a growing and changing metropolitan area would you propose concerning adequate coverage, efficient administration, community involvement, together with the maintenance of standards.

7. GENERAL

In view of the purpose of the study what other comments would the Area Council care to make?

APPENDIX E

GOVERNMENT DEPARTMENTS, VOLUNTARY AGENCIES AND ORGANIZATIONS THAT MADE SUBMISSIONS

Adult Cerebral Palsy Institute of Metropolitan Toronto
Anglican Information Centre
Armagh
Bethel Home Incorporated
Beverley Lodge
Big Brother Movement
Big Sister Association
B'nai B'rith Youth Organization
Boy Scouts Association
Boys Village
Canadian Girl Guides Association
Canadian Hearing Society
Canadian Hemophilia Society
Canadian National Institute for the Blind
Canadian Mothercraft Society
Canadian Red Cross Society
Carmelite Orphanage
Catholic Children's Aid Society of Metropolitan Toronto
Catholic Family Services
Catholic Rehabilitation Service
Catholic Youth Organization
Central Neighborhood House
Central Toronto Area Social Planning Council
Children's Aid Society of Metropolitan Toronto
Church Home for the Aged
Church of the Good Samaritan
City of Toronto,
 Board of Education, Child Adjustment Services
 Department of Public Health
 Department of Public Welfare
Columbus Boys' Club
Council of Catholic Charities
Cradleship Creche of York Township
East York Area Social Planning Council
East York-Leaside Health Unit
Earlscourt Children's Home
Elizabeth Fry Society
Etobicoke Township,
 Department of Public Health

Etobicoke Township, (Cont'd.)
Recreation Committee
Department of Social Services
Fred Victor Mission
Fred Victor Mission Older Men's Home
Forest Hill Village Department of Health and Welfare
Good Neighbours' Club
Haven, The
Hillcrest-Parkdale Area Social Planning Council
Housing Authority of Toronto
Humewood House
Inter-Fraternity Cerebral Palsy Association
International Institute of Metropolitan Toronto
Jewish Family and Child Service
Jewish Home for the Aged
Jewish Immigrant Aid Services
Jewish Vocational Service
John Howard Society of Ontario
Julia Greenshield Memorial Home
Just One Break
Juvenile & Family Court of Metropolitan Toronto
Lakeshore-Etobicoke Area Social Planning Council
Laughlen Lodge
Metropolitan Toronto Association for Retarded Children
Metropolitan Toronto Police Youth Bureau
Metropolitan Toronto Housing Authority
Neighborhood Workers Association *
New Mount Sinai Hospital (Social Service Department)
North Toronto Area Social Planning Council
North York & Weston Family Service Centre
North York Area Social Planning Council
Pentecostal Benevolent Association
Protestant Children's Homes
Protestant Youth Council
Riverdale-East Toronto Area Social Planning Council
St. Christopher House
St. Elizabeth Visiting Nurses' Association
Sacred Heart Children's Village
Salvation Army - Hostel
 Children's Home
 Girls' Home
 Social Service Centre
 Women's Receiving Home

* Family Service Association of Metropolitan Toronto

Salvation Army - (Cont'd.)
Welfare Department
Eventide Home
Homestead
I. & A. Meighen Lodge
Harbour Light
Scarborough Area Social Planning Council
Scarborough Township - Department of Public Welfare
Department of Public Health
Second Mile Club
Scott Mission
Social Planning Council of Metropolitan Toronto
Society for Crippled Civilians
Toronto Aged Men's & Women's Homes
Toronto Hebrew Re-establishment Services
Toronto Rehabilitation Centre
Toronto Mental Health Clinic
Travellers' Aid Society of Metropolitan Toronto
United Jewish Welfare Fund
University Settlement
Victor Home for Girls
Victoria Day Nursery
Victorian Order of Nurses - York Township Branch
North York Branch
Toronto Branch
Weston Branch
Visiting Homemakers' Association
Warrendale
West End Creche
West Toronto-Swansea Committee - Social Planning Council
Weston (Town of) Board of Health
Women's Sheltered Workshop
Woodgreen Community Centre
Yonge Street Mission
York Township Area Social Planning Council
York Township - Department of Health
Department of Public Welfare
The Young Men's Christian Association
Young Women's Christian Association of Metropolitan Toronto
Young Men's and Young Women's Hebrew Association

APPENDIX F

THE MULTI-USE STUDY

TECHNICAL ADVISORY COMMITTEE

- Miss Mollie Christie - Information Service --
Social Planning Council
Mr. Jerome D. Diamond - Jewish Family and Child Service
Miss Margaret Fullerton - City of Toronto Planning Board
Mr. Dick MacDonald - The National Council of Young Men's
Christian Associations of Canada
Dr. A. L. McKay - Department of Public Health --
City of Toronto
Dr. J. W. Mohr - Toronto Psychiatric Hospital

Consultants:

- Miss Robena J. Morris - Department of Public Welfare --
City of Toronto
Miss Violet Munns - Family Service Association of
Metropolitan Toronto
Miss Sarah Rhinewine - Jewish Family and Child Service
Miss Bernice Seeds - Victorian Order of Nurses

Study Staff:

- Dr. John Spencer - School of Social Work --
University of Toronto
Miss Barbara Scott - Social Planning Council

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July, 1962

(1) Background and Objectives of the Study

The proliferation of health and welfare services in large urban communities of western society and the growth of specialization in the field of social work has led to serious questioning as to the effectiveness of these services in meeting need. Toronto is no exception to this process. There are in Metropolitan Toronto, at a conservative estimate, over 300 formally constituted community-service organizations. The broader issues of social policy concerning the organization of services are raised in the workshop paper of the Social Planning Council "The 'Best Pattern' of Services for a Metropolitan Area."

Among the many important questions raised in this workshop paper one problem in particular seemed appropriate for a factual study. This is the question as to whether families draw on the resources of more than one agency and the inter-relationship of the services provided by different agencies. This study of the multi-use of services was carried out as part of the Needs and Resources Study of the Social Planning Council.

The objectives of the study were threefold:

- (i) To identify the extent to which families, resident of the City of Toronto, use more than one community-service agency.
- (ii) To describe the patterns of multi-use of agencies and to identify the socio-economic characteristics of the families using the services, the problems underlying their demand for service, and the type and duration of the services provided.
- (iii) To describe the nature and extent of collaboration between agencies in a sub-sample of families served by two or more agencies.

(2) The Methods of Study

Ideally we should have liked to have taken a census of all the active cases on the records of all the appropriate health and welfare organizations in the City of Toronto on a particular day. There were, however, difficulties in the execution of this plan; some of these arose from problems of confidentiality and others from the sheer magnitude of the task and above all from the time involved.

The general design of the study is as follows:

- (a) Organizations were asked to report the names and addresses of all their active cases on the study date, December 31, 1961, whose names began with the letters B and S. These two letters were chosen because they provide a sample of the population which cuts across ethnic lines and thus minimizes the likelihood of biassing the sample with families of a particular ethnic or social group. They represent about one-fifth of the total population.
- (b) The number of organizations reporting the names was 47. These organizations included all the major family-focussed health and welfare services with the main exception of certain of the psychiatric and public health services. Six of the forty-seven organizations, however, did not take part in the initial reporting of names but shared in the process of checking off the names which had been reported, against the names on their records on the study date. These were the services administered by Ontario and Toronto Departments of Public Welfare and the Juvenile and Family Court of Metropolitan Toronto.
- (c) A sub-sample of cases served by three or more organizations was examined through the use of questionnaires to study the characteristics of the families using these organizations and the pattern of collaboration between the organizations themselves.

This sub-sample is subject to one particular limitation in that it provides information on only two-thirds (107) of the 160 cases served by three or more organizations. This limitation arose from a shortage of time in which to complete the study. It does not, however, in our opinion, distort the general validity of the conclusions.

(3) The Pattern of Agency Use

- (a) The total number of families reported was 1,690. Of these families the great majority (67 percent) received the services of only one organization. As the number of organizations increased so the number of cases served dropped appreciably. Less than 10 percent of the cases received service from three or more organizations.

Table 1

	<u>Number</u>	<u>Percentage</u>
Cases served by one organization	1,130	66.9
Cases served by two organizations	400	23.6
Cases served by three organizations	132	7.8
Cases served by four organizations	25	1.5
Cases served by five or more organizations	3	0.2
<hr/>	<hr/>	<hr/>
Total	1,690	100.0
<hr/>	<hr/>	<hr/>

It is reasonable, therefore, to conclude that the main body of work carried out by the social services of Metropolitan Toronto does not represent a substantial measure of duplication on the part of the organizations concerned.

- (b) We turn now to an examination of those cases where there is more than one agency involved. But first we should clarify the assumptions

underlying our study. It is unreasonable to assume that just because more than one organization is giving service to a family therefore there is duplication of service. The very existence of specialised services pre-supposes that different organizations will be concerned with the provision of different types of service. Our task, therefore, is to study the pattern of multi-use among the various services.

The first point which emerges is the prevalence of public assistance. Of the 560 cases served by two or more organizations, some form of public welfare served 415 or three-quarters. Of the group of 415 cases, municipal welfare gave assistance to just over three-quarters, that is, to 319 cases.

The primary role of public welfare is the provision of financial help to those in need provided that they meet specific eligibility requirements. We should point out, however, that a number of voluntary organizations also provide financial assistance and that this very provision is an important example of a similar service from different organizations.

For example, one voluntary organization which provides emergency financial aid reported 342 study cases; of these, 149 (44 percent) were also public assistance cases.

This seemed to us an important example of a service of a similar character - financial help - provided by at least two different organizations although we must clearly recognize that the public welfare department has a statutory responsibility for meeting material need. For this reason we include a more detailed analysis of cases receiving both public welfare and financial aid from voluntary organizations in a later section (7).

- (c) Except for this particular situation the study revealed remarkably few illustrations of what

is generally labelled duplication of service, that is of two or more organizations providing the same service.

Of the 560 cases served by two or more organizations, there were five cases (0.9 percent) in which two organizations provided basically the same service. These include one case served by two hospital social service departments, two cases served by a sectarian and a non-sectarian Children's Aid and placement service, and two cases served by a sectarian and non-sectarian family service centre.

The most frequent pattern of use among the 400 cases who used two organizations was the combination of public welfare (usually municipal welfare) with a counselling service. The distribution is shown in the following table.

<u>Table 2</u>	<u>Number</u>	<u>Percentage</u>
Public welfare and Salvation Army	78	19.5
Family Service Centres	57	14.3
Children's Aid and Child Placement Services	41	10.3
Physical rehabilitation services	27	6.8
Nursing services	25	6.3

Among the 400 cases served by two organizations there were 127 cases served by two agencies of which neither was connected with public welfare. The most common pattern of use consisted of family service centres in conjunction with the Salvation Army (14 cases); family court services in conjunction with family service centres (10 cases) or the Salvation Army (9 cases); and special services for children with behaviour problems and youth counselling services (9 cases).

A similar pattern of service is shown in the 160 families served by three or more organizations. Here we notice an even higher proportion of cases served by some form of public welfare (88 percent).

We observe also similar combinations of service.

(4) The Social Characteristics of Cases Served by Three or More Organizations

We decided, on the advice of our technical committee, to select for a special enquiry those cases known to three or more organizations. We considered that this group would represent adequately the families who are confronted by several problems and that this would be the group around whom inter-agency collaboration would be most likely to occur. We hoped, moreover, that it would be possible to compare the findings of this enquiry with the projected multi-problem family study of the Central Area committee of the Social Planning Council. The group of cases - 160 in number - appeared to be manageable in size.

Due largely to the shortage of time available for the check-off process our sample of 160 was reduced in size to 107 though there is no reason to suppose that the cases omitted are atypical of the larger group.

The study of these 107 cases is based on the results of questionnaires filled in by certain of the participating organizations. From these data a clear indication emerges of some of the main economic and social characteristics of this group of "multi-users," if we can call them by such a label.

(a) Income and family size

The total income from all sources during December was reported for 84 of the 107 cases. Not one of these had an income of \$300.00 and 62 (three-quarters) had December incomes of less than \$200.00. But although they had relatively low incomes, they had relatively large families. The average family size for the 107 cases was 4.9.

These figures for income and family size contrast sharply with the general population for Metropolitan Toronto. In November the average monthly income from wages and salaries amounted to

\$353.00 and average family size was 3.2.

(b) Unemployment

Most of the family heads were unemployed on the study date, either through inability to find work or because of health or other reasons. For 16 cases, earnings from employment, rent or other sources constituted the main source of income for December. For 74 cases public welfare was the mainstay.

(c) Other problems

For the assessment of problems in this group of 107 "multi-users" we must rely on the professional judgment of the workers who reported, recognizing the inevitable limitations of this method.

The average number of problems reported for 104 of the 107 cases was nearly four per case. The range of problems varied from one problem in 16 cases to 10 in one case. The major problems, in terms of the number of cases involved, were economic and health.

The following table indicates the number and type of problems which were reported on 104 of the 107 cases:

Table 3: Number and type of problem

		Percentage <u>Number of 104 cases</u>
One or more economic problems	87	83.7
One or more health problems	75	72.1
One or more family problems	64	61.5
One or more behaviour problems	58	55.8

Of these 104 cases 38 had problems in all four major problem areas, 20 had problems in three of the four, 27 in two areas and 19 in one major problem area.

(d) Pattern of services received

The pattern of services received relates to the problems reported in the questionnaire. These services included, in order of frequency - financial assistance (for 76 of the 95 cases for which this information was reported), casework services (for 65 cases), medical clinic care (for 32 cases).

(e) Unmet needs

The agencies were asked to report on the unmet needs of the 107 cases. They reported a total of 96 needs - almost one unmet need per case. Among the needs most frequently mentioned were vocational re-training and vocational guidance, each of which represented about one out of every six needs. The need for psychiatric help and for re-housing each accounted for 13 percent of all the services required but not provided. Each of these needs represent services that only a small proportion of the cases in this study were actually receiving. On the other hand the next frequently-mentioned need - casework service, accounting for 10 percent of all needs - represented a service that was fairly commonly met.

(5) Collaboration Between the Organizations

In this section we try to analyse some of the main characteristics of the collaboration between the organizations reporting on the cases in the study. Information is available on such collaboration occurring during the period July 1st to December 31st, 1961 for 113 of the 160 cases served by three or more organizations.

For the purpose of analysis we have classified the collaboration reported by the organizations into three groups:

- Group A - no contact reported
- Group B - telephone contact only
- Group C - face-to-face meeting between two or more workers in the organizations concerned.

We recognize that a general classification of this kind certainly does not do justice to the subtleties involved in the actual process of collaboration, neither to the level of understanding, nor to the willingness of workers to co-operate with one another, nor to the possible variety of objectives behind each communication. But in a rather factual study of this kind it has been necessary to limit ourselves to a purely formal method of classification.

The threefold classification used in this study has, nevertheless, in spite of these obvious limitations, produced some conclusions of considerable interest. The three groups of cases, that is, those giving rise to no contact, to telephone contact only, and to face-to-face meetings between two or more workers, represent three distinct groupings with respect to number of problems, and to needs for services, both met and unmet.

The 43 cases for whom there were no contacts had fewer problems on the average, and, correspondingly, were receiving fewer services than the other groups. Similarly, the average number of needs for service reported for this group was lower, and the percentage of their needs being met at the date of the study (amounting to 85 percent) is higher than for any of the other groups.

As the following table (Table 4 below) shows, the group for whom there was consultation only by telephone represents a middle point with respect to the factors listed. On the other hand the 17 cases around whom there was face-to-face contact represent an extreme group. On the average this group had twice as many problems as had the group which gave rise to no contacts, was receiving more service, and had more unmet needs than the other two groups.

However, with respect to length of time known to reporting agencies (labelled chronicity elsewhere in this report) Group C cases had been known to reporting organizations longer than Groups A and B, but Group A cases had been known to reporting organizations longer than Group B.

As regards family size, the average size of Groups A and B was similar. Group C cases, on the other hand had, on the average, one person per family more than the other two groups.

Table 4: Selected statistical data, 113 cases, by type of inter-agency contact.

	Total cases for which information available	Total	Group		
			A	B	C
Number of cases	113	113	43	53	17
Average problems per case	104	3.7	2.6	4.0	5.3
Average services per case	95	3.5	2.7	3.8	4.2
Average unmet service needs per case	107	0.9	0.4	1.0	1.6
Percent service needs met	107	78	85	77	71
Average length of time known to agency (years)	113	5.5	6.0	4.0	8.0
Average family size	104	4.9	4.8	4.6	5.9

There is a consistent gradient among the three groups. Some reason for this may be found both in the types of problems, the range of services received, and the pattern of unmet needs. In all these three instances Group C shows itself to be the most serious and Group A the least serious of the three groups. Group C, for example, contains a substantial proportion of cases with problems in all four major problem areas; it contains also a higher proportion of cases receiving casework, nursing and health instruction and other services, and a higher proportion of unmet needs.

Telephone contacts

An analysis of telephone contacts is of interest for the light which it throws not only on the reasons for contact between the organizations but also, and more important, on the pattern of contact.

The primary reason for all telephone calls, stated in the questionnaires, in both Group B and Group C, was consideration of referrals or reporting the need for service. Exchange of information, largely either as an aid in diagnosis or in identifying needs for service, accounted for less than one-third of all the calls, but for a somewhat higher proportion of calls in the case of Group C families.

Of the total of 520 telephone contacts reported, about three-fifths represented contacts of child services with other organizations, chiefly health organizations. Telephone contacts between public welfare organizations and other organizations amounted to one-fourth of the total number of calls. The most frequent contacts between public welfare and other organizations were with the child services and counselling services.

The most interesting observation arising from this analysis of telephone contacts is the lack of relationship between the pattern of telephone contact and the pattern of agency use. Although three-quarters of the cases were served by public welfare, one-quarter of the telephone calls was between public welfare and another organization. Conversely, three-fifths of the telephone contacts were between child and health services although the child and health services (excluding the public health department which did not take part in the study) reported only five percent of the cases served by two or more organizations.

Personal contacts

For the 17 cases in Group C there was a total of 37 face-to-face meetings between the workers of the organizations concerned, of which 26 were meetings between two workers and 11 were case conferences.

With one exception, virtually all consultations between workers were held in order to share information, to identify needs and to make joint plans to meet needs. As with the telephone contacts, these face-to-face meetings occurred between a child service and another community service in one-half of the total; at least six of these were with a public welfare

organization. Family service centres were involved in about one-third of the total.

(6) Geographic Location and Chronicity

The geographic location of the cases receiving service from three or more organizations is shown on the map attached as Appendix I to this report. The findings of this study are useful in so far as they confirm our expectations. There have been numerous studies of the distribution of the various indices of social pathology, such as crime, delinquency, mental disorder, multi-problem families, child neglect, and also of certain forms of disease such as tuberculosis. The earliest studies were those associated with the "ecological" school of sociology at Chicago under Park and Burgess and extended to some of the major cities of the U.S.A. More recently there have been studies in the United Kingdom in Liverpool, Bristol, Luton, and N. Kensington. (1)

All of them point to the same conclusion that it is in the areas of lowest socio-economic status containing the poorest housing, generally on the borderline of the central business district, and characterised by social disorganization, that these indices of social pathology are most likely to be found. On these grounds and on the general experience of Toronto it is not surprising that there is a concentration of "multi-users" in the old downtown areas of the city.

Chronicity

Our assessment of chronicity is a rather simple and crude index - the length of time known to the organizations concerned in the study.

The following table shows the longest length of time that the 113 families (known to three or more agencies) were known to any one agency, by type of service.

(1) cp. Barbara Wootton, Social Science and Social Pathology, London, 1959, pp. 51 - 62.

Table 5: Longest length of time since first contact with any one reporting agency.

<u>Type of agency</u>	<u>Total</u>	<u>Under 6 months</u>	<u>6 months to 1 year</u>	<u>Years</u>				
				<u>1 - 2</u>	<u>2 - 3</u>	<u>3 - 4</u>	<u>4 - 5</u>	<u>5 - 14</u>
<u>Total</u>	<u>113</u>	<u>12</u>	<u>9</u>	<u>13</u>	<u>12</u>	<u>15</u>	<u>4</u>	<u>7</u>
Family services	23	-	1	3	1	3	2	11
Salvation Army and Settlements	37	3	1	2	4	5	1	21
Child services	23	4	2	4	2	5	-	4
Hospital social services	12	3	3	2	3	-	1	-
Physical Rehabilitation	6	-	-	-	1	1	-	2
Other	12	2	2	2	1	1	-	3

Mean of 5.5 years.

It is perhaps useful to compare the results of our study with those of the multi-problem family studies at Ottawa and at Vancouver, though unfortunately the gaps in our information make this a difficult task. Of the 47 Ottawa study-families more than half had been known to the reporting agency for at least five years and 14 of these for more than 10 years. In the case of the 1,407 Vancouver multi-problem families studied nearly one-quarter had been known for five years or more. The mean length of time known to the agency reporting them was 3.7 years. Thus it seems fair to conclude that there is a basic similarity as regards chronicity between the Toronto, the Ottawa, and the Vancouver studies.

(7) The special problem of financial aid

Earlier in this report [Section (3)] we commented on the existence of one possible example of duplication of service. We observed that one particular voluntary organization which provides emergency financial aid reported 342 study cases of whom 44 percent were in receipt of public welfare.

In this section we examine more closely the 107 cases in our sub-sample for this possibility of duplication of service in respect of financial aid.

Of the group of 107 cases 91 received public welfare, and of this group of 91 cases in receipt of public welfare 63 also received some form of voluntary financial aid. The following table shows the distribution of services in this group of 63 cases. The main work of supplementation is performed by the Salvation Army.

Table 6: Of 63 receiving public assistance and voluntary financial aid:

35 were served both by public assistance and Salvation Army only

13 were served both by public assistance, Salvation Army and a family agency

6 were served both by public assistance and a family agency only

5 were served both by public assistance and a rehabilitation agency

1 by public assistance and Settlement counselling

1 by public assistance and child welfare

1 by public assistance and hospital social service

1 by public assistance, Salvation Army and child welfare.

To state categorically that the provision of supplementary financial aid by the Salvation Army to those in receipt of public welfare is simply an example of duplication of service appears to be unjustified on the basis of the limited facts available in this study. Nevertheless, it is of importance to know that, in the main, the voluntary agencies providing financial aid were aware that these 63 families were also receiving public assistance. (1) In 49 out of the 63 cases, the voluntary organizations were aware of service to the same case by public welfare organizations. In 14 cases out of the 63, the voluntary agencies providing financial aid did not report that public welfare organization was involved; it should be noted that 13 of the 14 families were those receiving aid from the Salvation Army which provides emergency aid only.

(1) A check of the total 1,690 families showed that voluntary organizations were fully aware of public welfare involvement, or of no public welfare involvement, in 74 percent of the 1,690 cases, and partly aware (e.g. error made by one agency several involved, or the wrong public welfare organization identified) in another seven percent of the 1,690 cases. In other words, voluntary agencies were totally incorrect in their knowledge of public welfare involvement or non-involvement, with the families they were serving, in 19.2 percent of the 1,690 cases.

Number of cases (of the sub-sample of 107) receiving both voluntary and public financial aid	<u>63</u>
Voluntary agencies identified the proper public welfare organization	37
Voluntary organizations identified a public welfare organization, but not the proper one	4
Voluntary agency reported one public organization, and two were involved	1
Two voluntary agencies provided aid, and only one reported public organization	7
Voluntary agency reported no public welfare organization	14

It is of importance to know the extent to which there is some form of contact between the public welfare department and the voluntary organizations.

According to the evidence available from the questionnaires, there was communication between the public welfare department and voluntary organizations in 11 out of the 63 cases. Of these 11 cases, about half were receiving voluntary financial aid from family agencies and half from the Salvation Army, as shown in Chart A. (See next page.)

Chart A:

<u>Case No.</u>	<u>Agencies providing financial aid</u>	<u>Type of contact with public welfare organizations</u>
1.	Family agency	2 phone calls re: referral to family agency from public welfare organization.
2.	Salvation Army	1 phone call between Salvation Army and public welfare concerning amount of assistance given.
3.	Family: Salvation Army	1 phone call between Salvation Army and public welfare re: assistance. No contact between family agency and public welfare.
4.	Family	1 phone call between family and public welfare re: amount of financial assistance.
5.	Family	1 phone call between family and public welfare re: allowance regulations.
6.	Salvation Army	1 phone call between Salvation Army and public welfare re: eligibility for assistance.
7.	Family	Very many (number unreported) phone calls between family agency and public welfare re: eligibility standard.
8.	Salvation Army: Family	3 phone calls between family agency and Department of Public Welfare re: eligibility for service;

Chart A: (continued)

<u>Case No.</u>	<u>Agencies providing financial aid</u>	<u>Type of contact with public welfare organizations</u>
		6 phone calls between family agency and D.V.A. to clear about pension, rehabilitation resources, etc.
		1 case conference, including D.V.A., family youth and settlement counselling and two physical rehabilitation services, initiated by a rehabilitation service, called to delineate areas of responsibility.
9.	Family: Salvation Army	1 phone call between family agency and public welfare re: inadequate assistance; financial situation. No contacts reported between Salvation Army and public welfare.
10.	Family	6 phone calls between family agency and public welfare re: budget. Unusual family and personal problems made necessary, in family agency's assessment, additional public assistance up to maximum, which agency was requesting.
11.	Salvation Army	3 phone calls between Salvation Army and public welfare re: special investigation concerning eligibility for service.

It should be noted that the initiation of the telephone calls was not requested of study participants. We may observe, however, that the reasons reported for the contacts included mainly enquiries as to the amount of assistance provided for the family or as to the eligibility requirements, or requests to increase public welfare allowances.

(8) Summary of Findings

- (a) Of the sample of 1,690 City of Toronto families and individuals served by agencies participating in this study on December 31, 1961, the majority (67 percent) were served by one agency only. Less than ten percent of the study cases were receiving service from three or more community-service organizations.
- (b) There were 560 cases served by two or more organizations. With only five exceptions, the use made by these cases was of organizations providing entirely different services. Three-fourths (415) of the 560 cases were receiving some form of public assistance.
- (c) The group of cases served by three or more organizations and for which information was available represented a low income group, with an average family size larger than the general population; the group was characterized primarily by economic problems, but also, to a considerable extent, by problems of health, family and personality.
- (d) Among a group of 113 cases served by three or more organizations and for which information was available, during the six-month period prior to the study date (December 31), 38 percent were the subject of no reported inter-agency contacts. In the case of 47 percent, there was inter-agency contact by telephone only, and for 15 percent there was in-person inter-agency contact, either through two-worker conferences or case conferences.

- (e) The cases around whom there was in-person inter-agency contact were receiving more services than the other two groups had the largest number of problems, and unmet service-needs. Conversely, the group around which there was no contact had, on the average the fewest problems, or fewest unmet service needs, and were receiving fewer services than either of the groups around which there was some inter-agency contact. The group around which there were telephone contacts only was found to be midway between the other two.
 - (f) The pattern of telephone contacts bore little relationship to the pattern of agency use. For example, telephone contacts between child and health service comprised three-fifths of the total, although these organizations only served five percent of the cases. Similarly, one-fourth of the telephone calls represented contact between public assistance organizations and other services, although three-fourths of the cases were served by public assistance.
 - (g) The geographical location and the chronicity of the sub-sample of "multi-users" were also studied. The evidence suggests that the Toronto multi-users are similar to the multi-problem families in other studies such as Ottawa and Vancouver. They are located predominantly in the old disorganized downtown area of the city and a substantial proportion have been known to agencies for at least five years.
 - (h) Of the 107 "multi-users" 91 were in receipt of public welfare and of this group 63 were also receiving voluntary financial aid. Only in 11 of the 63 cases, however, was there any form of communication reported between the public welfare department and the voluntary organization giving financial aid.
- (9) Implications for Social Policy

It is always difficult to make positive recommendations for major changes in the structure of the social

services as the result of enquiries which focus on a limited aspect of the field. This study is no exception to the rule. Our primary objectives were modest in their aims. They did not include, for example, any qualitative assessment of the services themselves.

Nevertheless some general points deserve to be recognized:

- (a) The rather sweeping generalizations which are so often made as to the use of agency service on the part of a tiny minority of families do not appear to be supported by this study. We base this conclusion on the fact that less than ten percent of study cases used the services of three or more organizations. (See Table 1)

No detailed analysis, however, was made of the actual time spent by agencies on the cases in the study. The fact remains that of the 113 families known to three or more organizations almost half had their first contact with one of the agencies five years ago. This provides us with some indication of the consumption of time by the minority of multi-users. (See Table 5.)

- (b) If we define "duplication" as the provision of a similar type of service by more than one agency, then the evidence for duplication of service, with one possible exception, provided by this study shows that it is remarkably small. The possible exception concerns the provision of material aid by a voluntary organization to families in receipt of public welfare. This subject, in our view, requires serious and continued examination. On the other hand if we define duplication in a broader sense our problem becomes more difficult to assess. Such a wider definition would cover the duplication of professional services at the point of intake when several agencies enquire into similar facts to deal with only one part of a family's total problem or when the same facts are reported to several agencies by the family for a similar purpose.

- (c) The evidence for communication between workers in the organizations taking part in the study suggests that the very existence and pattern of contact between workers is closely related to the social characteristics of the families themselves.

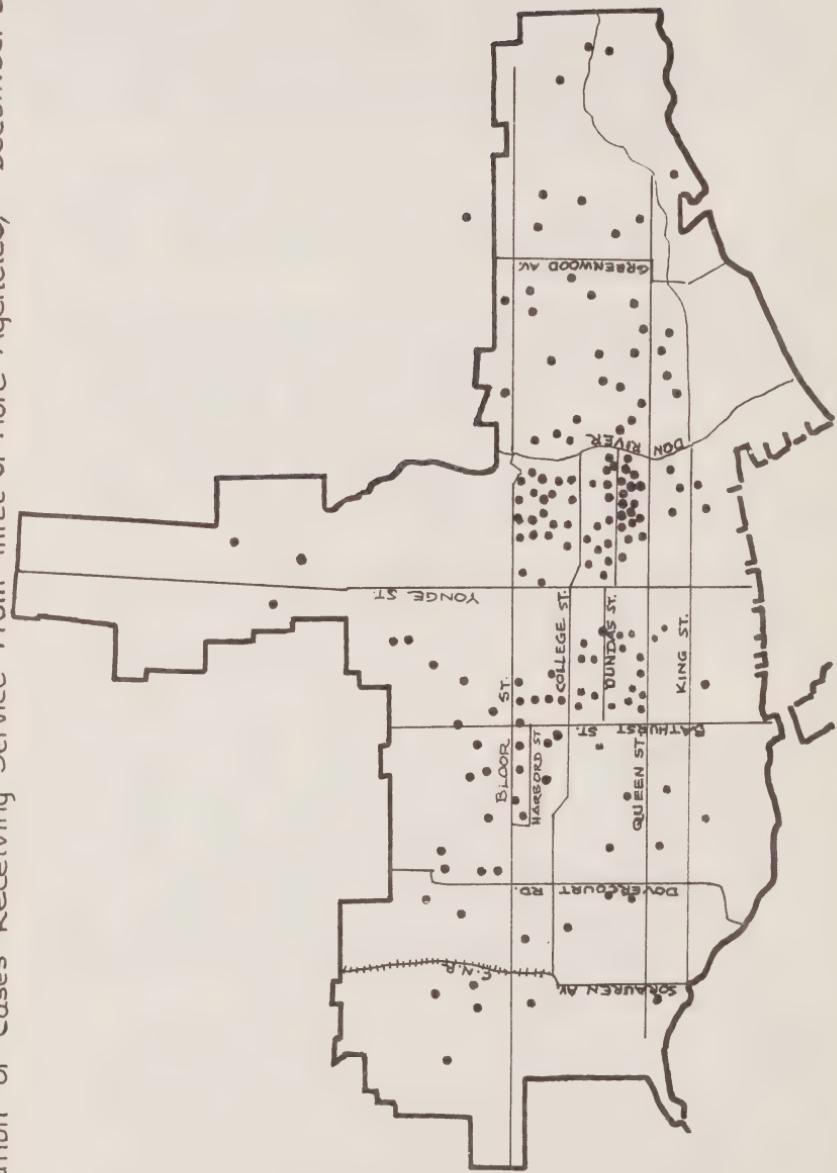
As regards the total study population we can only speculate as to whether communication is really good enough.

- (d) But in the case of the "multi-users" whom we believe to be similar to the stereotype of the multi-problem family, it is abundantly clear that the present pattern of communication is most inadequate. We believe that the results of this study reinforce the present demand for more effective methods of working with this group of families.
- (e) While it is difficult to draw any firm proposals for change in the structure of the services, the study points to the value of experiment in the development of health and welfare centres on a neighbourhood basis. Clearly these will vary according to the character of the population. In the old central area of Toronto, however, we consider that there is much to be gained, in terms of quality of service, from the grouping together in a conveniently located building of a range of services designed primarily to meet family needs on a co-ordinated basis. In such a building both public welfare and child and family services must constitute an effective partnership.

APPENDIX I.
Distribution of Cases Receiving Service From Three or More Agencies,
December 31, 1961

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APPENDIX F



Appendix A

PARTICIPATING ORGANIZATIONS

CHILD WELFAREDay Care

Carmelite Day Nursery
Catholic Settlement House Day Nursery
St. Stanislaus Day Nursery
Victoria Day Nursery
The West End Creche

Children's Aid and Child Placement

Catholic Children's Aid Society
Children's Aid Society
Protestant Children's Homes

Special Services for Children With Behaviour Problems

* The Juvenile Court of Metropolitan Toronto
Child Adjustment Service of Toronto Board of Education

COUNSELLINGFamily Service Centres

Catholic Family Services
Jewish Family and Child Service
Family Service Association of Metropolitan Toronto
The Samaritan Club

Youth Counselling

Big Brother Movement of Toronto Inc.
Big Sister Association
Catholic Family Services - Boys and Girls
Jewish Vocational Service
Y.M.C.A. of Metropolitan Toronto
Y.W.C.A. of Metropolitan Toronto

INDIVIDUAL SERVICESThe Salvation Army

The Salvation Army Welfare Centre - Family Department

Those marked with an asterisk(*) participated in check-offs only.

Appendix A

PARTICIPATING ORGANIZATIONS (Continued)

Settlements

Central Neighborhood House Association
St. Christopher House
University Settlement

HEALTH SERVICESNursing

St. Elizabeth Visiting Nurses Association
Victorian Order of Nurses - Toronto Branch

Hospital Social Services

New Mt. Sinai Hospital - Social Service Department
Hospital for Sick Children - Social Service Department
Toronto General Hospital - Social Service Department
Wellesley Hospital - Social Service Department

Physical Rehabilitation

Inter-Fraternity Cerebral Palsy Association
Canadian Arthritis and Rheumatism Society
Canadian National Institute for the Blind
The Haven
Society for Crippled Civilians
Toronto Rehabilitation Centre
Rehabilitation Foundation

CORRECTIONSCourt

The Family Court of Metropolitan Toronto

Probation

Department of the Attorney - General Probation
Services Branch

After-care

Elizabeth Fry Society

HOMEMAKER

Visiting Homemakers Association

Appendix A

PARTICIPATING ORGANIZATIONS (Continued)

PUBLIC WELFARE

- * City of Toronto Department of Public Welfare
- * Provincial Department of Public Welfare:
 - * Blind Persons' Allowances
 - * Disabled Persons' Allowances
 - * Mothers' Allowances
 - * Old Age Assistance

OTHER

Psychiatric Service: Ontario Hospital - Toronto

Those marked with an asterisk(*) participated in check-offs only.

APPENDIX G

SPECIAL REPORTS AND PAPERS PREPARED BY THE SOCIAL PLANNING COUNCIL

A. Background Papers

1. Study Outline (1961)
2. Trends Report (1961)
3. Health, Welfare and Recreation Services:
A Bibliography (1961)
4. Selected Demographic and Social Factors affecting
the Welfare, Health and Recreation Services Re-
quirements of Metropolitan Toronto (1961)
5. The Prevalence of Selected Conditions for which
Preventive or Therapeutic Services are required.
(1961)
6. Adult and Juvenile Offenders in Metropolitan Toronto
(1961)
7. Immigration and Community Resources (1961)
8. Report on the Concept of Needs and the Determination
of Priorities (1961)
9. The Multi-Use Study (incorporated as part of this
report - Appendix F)

B. Reports of the Technical Committees on:

- Child Welfare
- Community Planning
- Corrections
- Family and Individual Counselling
- Health Services
- Housing
- Income Maintenance
- Physically and Mentally Handicapped
- Recreation and Informal Education
- Services to the Aged

C. Workshop Papers

- Planning and Co-ordination (1962)
- Use of Human Resources (1962)
- The "Best Pattern" of Services for a Metropolitan Area
(1962)
- Respective Responsibilities of Government and
Voluntary Agencies (1962)
- The Financing of Health, Welfare & Recreation Services
in Metropolitan Toronto (1962)
- The Present Situation with Respect to Welfare, Health
and Recreation Services in Metropolitan Toronto

APPENDIX H

CRITERIA FOR ASSESSING APPLICATIONS FOR COMMUNITY SUPPORT AS APPROVED BY THE BOARD OF THE SOCIAL PLANNING COUNCIL ON JANUARY 27, 1960.

1. GENERAL ADMINISTRATION OF THE AGENCY

- (a) Has it a clearly stated purpose and function that is free from political objectives and designates it as a health or welfare service?
- (b) Has it By-laws, constitution or regulations governing its operation?
- (c) Does it have an annual audit?
- (d) Does it have a Nominating Committee?
- (e) Is Membership on the Board open to all, regardless of race or national background?
- (f) Does it have an elected Board with provision for adding new members at regular intervals?
- (g) Is there provision for a quorum?
- (h) Does the Board hold regular meetings?
- (i) Are minutes kept of all Board meetings?
- (j) Does it meet health, safety and licensing regulation requirements?
- (k) Does it have a clearly defined policy re fees, membership and eligibility for service?
- (l) Does it have acceptable personnel policies and practices?
- (m) Does it keep program statistics and service reports?

2. QUALITY AND EFFICIENCY OF SERVICES (This requires qualitative judgement)

- (a) Is it a service which does not overlap unnecessarily a service available through some other agency, and one which cannot be provided through governments under existing legislation?
- (b) Does it have sufficient staff to carry out its stated program?
- (c) Do the training and experience of present staff equip them to carry out stated program of the agency?

- (d) Is the size of the operation such that it can provide an economical and efficient service?
- (e) Is the program well integrated into the community as demonstrated by its willingness to co-operate with other community agencies in studying community problems?
- (f) Is the organization prepared to participate in periodic reviews of its program and to transfer or terminate program if study shows this to be in the best interest of the community?
- (g) Does it meet the standards set by any provincial, national or international standard setting agency, in its field of service?
- (h) If it operates in a field where no provincial, national or international standard setting agencies exist, does it meet minimum recommended standards set by the local community?
- (i) Has the agency demonstrated by record of service or financial support, or otherwise, that it has wide community backing for its program?

APPENDIX I

A PARTIAL LIST OF HEALTH, WELFARE AND RECREATION AGENCIES THAT RECEIVED MUNICIPAL GRANTS, 1961.

<u>Agency</u>	<u>Grant From Metropolitan Toronto</u>	<u>Number of other munici- palities</u>
Boy Scouts	No	2
Girl Guides	Yes	1
St. Christopher House	No	1
University Settlement	No	1
WoodGreen Community Centre ..	No	1
Y.M.C.A. (1)	No	3
Y.W.C.A. (1)	No	3
Good Neighbours' Club	No	1
International Institute	No	1
John Howard Society	Yes	3
Women's Sheltered Workshop ..	No	1
Salvation Army	Yes	7
Family Service Association	No	2
Canadian Legion	No	8
Cradleship Creche	No	1
Canadian Cancer Society	Yes	3
St. John Ambulance	Yes	3
V.O.N.: Toronto	No	4
Weston	No	2
 Retarded Children:		
(transportation)	No	2
Thornhaven	No	1

(1) Includes Y.M. - Y.W.C.A. of Etobicoke.

Sources of Information:

For Metropolitan Toronto: from Report No. 1 of Special Grants Committee, Municipality of Metropolitan Toronto.

For the City of Toronto: from The Corporation of the City of Toronto 1962 Estimates.

For all other municipalities: verbal reports from the municipalities concerned.

APPENDIX J

MUNICIPALITIES OF METROPOLITAN TORONTO
THAT HAD IMPLEMENTED
THE HOMEMAKER AND NURSING SERVICES ACT, 1958,
BY TYPE OF IMPLEMENTATION, 1961.

<u>Municipalities</u>	<u>Nursing services</u>	<u>Homemaker services</u>
Metropolitan Toronto	(not applicable)	(not applicable)
City of Toronto	Yes	Yes
York	Yes	No
East York	Yes	Yes
Etobicoke	Yes	Yes
North York	Yes	Yes
Scarborough	Yes	Yes

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NCIES SERVING FAMILIES AND INDIVIDUALS BY

1960 DISTRIBUTION OF POPULAT

TORON

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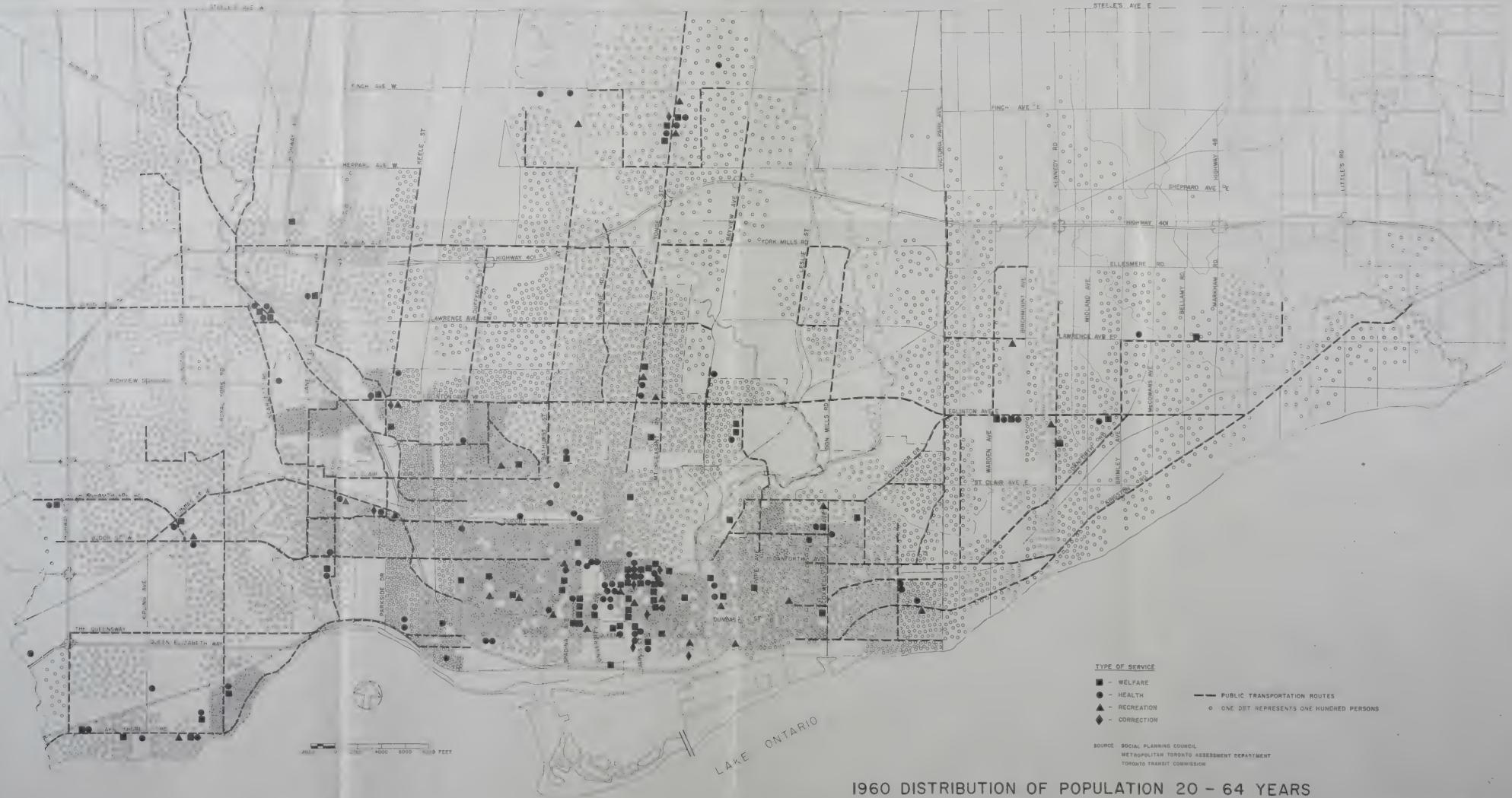
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1960 DISTRIBUTION
SPECIAL AGENCIES FOR CHILDREN



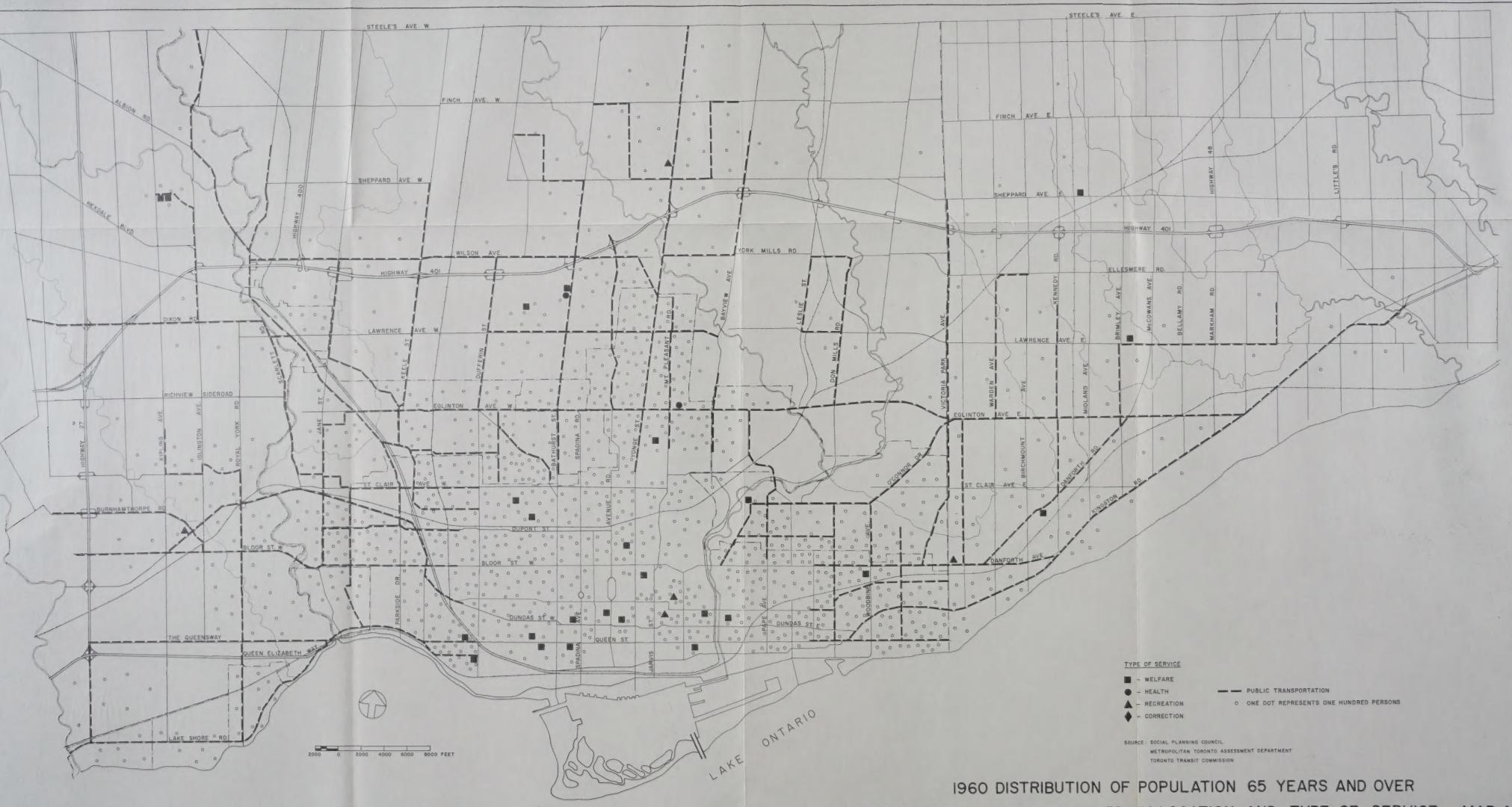


SERVICE
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— PUBLIC TRANSPORTATION ROUTES
○ ONE DOT REPRESENTS TWO HUNDRED PERSONS

IL PLANNING COUNCIL
OPOLITAN TORONTO ASSESSMENT DEPARTMENT
NTO TRANSIT COMMISSION

UTION OF TOTAL POPULATION
LOCATION AND TYPE OF SERVICE MAP I



SPECIAL AGENCIES FOR THE AGED E

1960 DISTRIBUTION OF

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